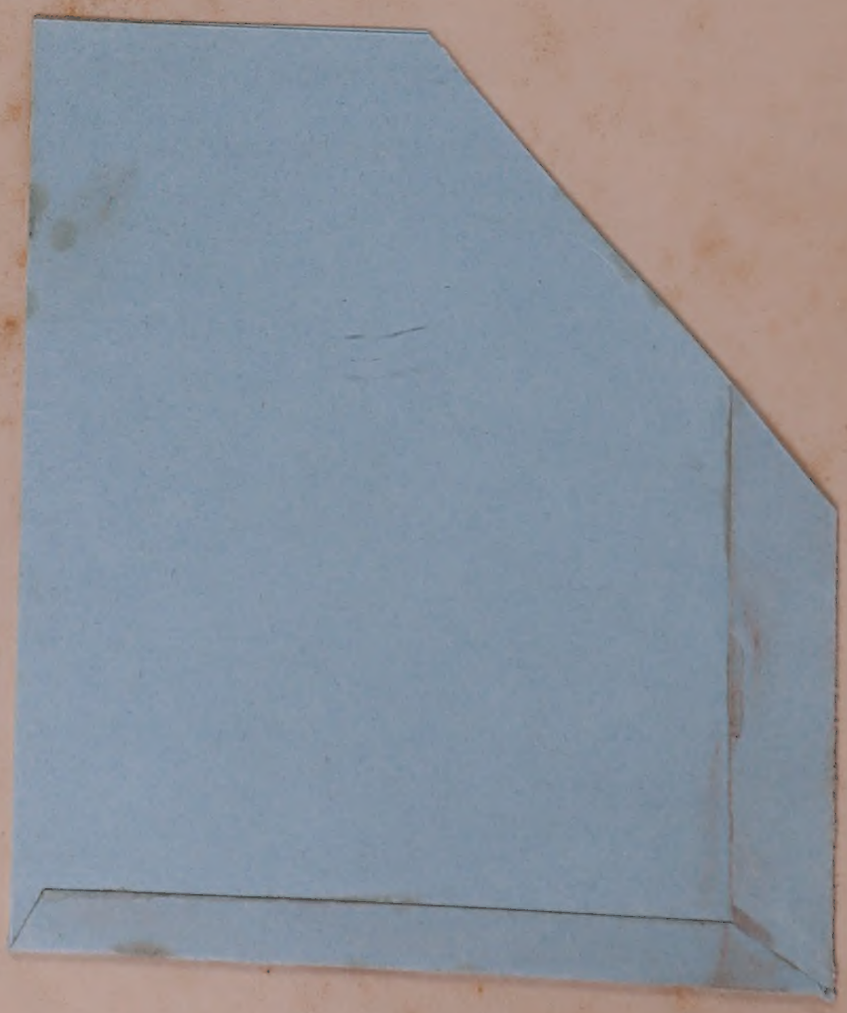
DIPLOMA IN COMMUNITY HEALTH MANAGEMENT

A Mid Course Evaluation Report For Period 1983-88

RUHSA DEPARTMENT

CHRISTIAN MEDICAL COLLEGE & HOSPITAL, VELLORE

1988



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Diploma in Community Health Management

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I. INTRODUCTION

The DCHM course (acronym for Diploma in Community Health Management) was started in July 1983 at Rural Unit for Health and Social Affairs (RUHSA). The course was developed at RUHSA with technical assistance of Voluntary Health Association of India and financial assistance from ICCO, Holland and Church World Services, New York. In 1986, the Head of RUHSA Department, Dr. Rajaratnam Abel felt that the course should be evaluated to assess the growth and status of the course in order to recommend appropriate changes in the course if necessary. ICCO agreed to assist the evaluation of the DCHM course. Consequently, at the June 1987 VHAI educational council meeting of the DCHM course, the Head of the Department proposed the evaluation and the committee accepted the evaluation be organised at RUHSA.

II. TERMS OF REFERENCE

The Terms of Reference for the evaluation were listed as follows:

1. To assist the evaluation process, Dr. Rajaratnam Abel, Head, RUHSA Department, Dr.P.S.S. Sundar Rao, Head, Bio-statistics Department, Dr. Thomas P. Benjamin, Coordinator DCHM course, Dr. Sara Battacharya, Representative, Community Health Department and Dr. Vanaja Ramprasad, Representative, VHAI were requested to be on the DCHM evaluation committee. At the first meeting, Dr.P.S.S. Sundar Rao was elected by the committee to be the Chairman and Dr. Rajaratnam Abel as the Secretary of the evaluation committee.
2. The evaluation committee will consider the objectives of the evaluation as given in the next section and submit their report by March 1988.
3. The evaluation report will be made available to the following for appropriate action:
   1. Director
      Christian Medical College & Hospital
      Vellore.
   2. The Educational Council
      VHAI
      New Delhi.
   3. ICCO
      Netherlands.

III. OBJECTIVES OF DCHM EVALUATION

1. To identify the progress made in developing the Senior Level Diploma Course in DCHM.
2. To determine if the objectives initially set out have been achieved and are relevant.
3. To recommend changes or modification to the existing course.
4. To determine the acceptable duration of the course.
5. To review the selection process in the past and recommend modification in criteria.
6. To review the student evaluation process and feed back by students.
7. To determine the need for recognition of the course.
8. To identify the adequacy of the resources for implementing this course.
9. To determine the cost effectiveness of the course and to suggest long term funding for the course.
10. Estimate the value of the course to the institution and the country.

IV. METHODOLOGY

The evaluation committee of DCHM programme developed an appropriate methodology to cover the objectives of the review of the course. The committee met several times to clarify issues, administer the tools and finalise the recommendations based on the results tabulated. The methods may be described as follows:

A. Meetings

The committee met four times at RUHSA and once at Madras, with Dr.P.S.S. Sundar Rao, Dr. Vanaja Ramprasad, Dr. Sara Battacharjee and Dr. Rajaratnam Abel. The first meeting in August 1987 finalised the scope and tentative methodology. In the second meeting in October 1987 it was decided to distribute work for developing questionnaire, pretesting, secondary data collection to members of the committee. The third meeting in January 1988 was at Madras to discuss issues related to VHAI commitments. The fourth meeting finalised the outlines for the report and the last meeting approved the report.

B. Source of Information

Information was gathered from primary and secondary sources. Primary data consisted of responses to a survey schedule sent out to 23 alumni and 18 sponsoring agencies of the first three batches. The IV batch students of the year 1986-87 were administered the survey schedules at RUHSA, just about a day before their convocation. Notes

made from discussion with faculty and V batch (current) students were also used as primary data.

The secondary data sources included files of the Head of the Department, the Coordinator of DCHM programme, minutes of the educational council meetings and the annual evaluation reports of the course conducted each year. The committee decided to use the 1986-87 year report for analysis as it was considered most comprehensive among the available evaluation reports. Annexure I is a copy of the batch IV (1986-87) evaluation report.

The questionnaires were pretested with 10 students of the IV batch and RUHSA as sponsoring agency. Annexure II refers to the schedule for diplomates and Annexure III to schedule for sponsoring agency.

V. COURSE DESCRIPTION

A. The Name of the Course:

The course was planned meticulously with experts from RUHSA, educators, social scientists, doctors, community health managers, community development experts from India and outside India pooling in their resources in consultation meetings at Bangalore, RUHSA and Delhi. The consultation committee finalised, a 15 month long course to be named Diploma in Community Health Management.

B. Venue:

Rural Health and Social Affairs (RUHSA) Department of the Christian Medical College, Vellore, RUHSA Campus P.O., North Arcot District, Tamil Nadu Pincode 632 209. The course is offered by the CERT section (Consultancy, Evaluation, Research & Training Section) of RUHSA.

C. Number of Seats:

Upto 20 candidates each year.

D. Criteria for Selection:

1. Bachelor's Degree in any discipline including Arts, Science, Social Science, Law, Management, Engineering, Medicine, Nursing etc. Non-graduates can also apply.
2. Ability to handle English as a medium of learning.
3. Experience in the field.
4. Strong motivation and commitment towards working for and with the poorest sections of the society.

5. Those sponsored by a voluntary agency with assurance of a job after the course, will be given priority in selection.
6. Passing entrance examination and interview to assess
   - Academic capacity
   - Motivation and commitment

E. Length of the Course:

15 months including project work, vacations and practicum. It will therefore be one academic year plus the practicum. The instructional period of 12 months include a one month vacation mid-course, a 3 week study tour to various projects and a field work in the RUHSA area for about 3 weeks. The practicum is like an internship which is an integral component of the course and will be for a minimum period of three months. It will involve a supervised field practice experience and will require a project report. This is done at the candidate's own institution or project area and in discussion with the Sponsoring Agency.

F. Goals and Objects of the course:

1. Overall Goal for the course:

To prepare and make available:

(a) Persons who have the skills, knowledge and attitude to be effective:

- In increasing awareness and abilities of people to take responsibility for the well being of

themselves, their families and communities.

- At the management and supervisory level of community health cum development programmes, projects and activity.

(b) Persons who are

- Concerned about social justice, health and economic status of the people of India.
- Willing to live among the people for rural areas or urban slums.
- Prepared to learn and grow personally.
- With a desire to make health and healthy community life a reality for all people.

2. General Objectives for the Course:

Upon completion of this course, the candidate will have the foundation to be able to:

(a) Determine the effect on people's health of socio-political and economic systems at the micro and macro level.

(b) Create a desire to work collectively for a just and equitable society.

(c) Take responsibility for own learning.

(d) Apply problem solving methods.

(e) Plan, organise, implement and evaluate community health and development programmes.

(f) Accept role of a change agent, facilitator in order to make health a means and measure of development.

(g) Understand the team concept and show the ability to take a leadership role in the team.

(h) Promote and facilitate training, research and consultancy programmes.

3. Intermediate Objectives for the course:

The outcome of the consultation meetings produced a set of intermediate objective for each objective and a set of instructional objectives for each of the five core subjects. The core subject elective is a choice left to the student and thus does not have specified instructional objectives.

The intermediate and instructional objectives of the course are listed in Annexure IV.

G. Course Description

In keeping with the objectives of the course, it has been designed as an appropriate and relevant training experience for the participants in the context of the health and socio-economic situation of India and other developing countries. It is not merely a theoretical training experience, but learning which is appropriately designed for personnel engaged in community based programmes and people who have an aptitude and motivation for community work. This training is designed to plan and prepare managers and team leaders in integrated community health cum development programmes at various levels within voluntary agencies, private institutions

government etc. Appropriate learning environment is created such that the students can have a participatory learning experience throughout the course.

(1) Core Subject: No.I - Studies in Society

This subject will enable the student to acquire a clear understanding of physical, spatial, social, cultural, ethical, ethnic, economic and political situations in the country as a whole and its different regions. It will consider the implications of these factors on programmes for health and development.

(2) Core Subject: No.II - Health and Development

This will present a thorough analysis of health problems of India and the interlinkages between the health situation and other socio-economic and political factors. The student will be enabled to critically analyse the existing health care delivery system in India and acquire the skills to provide and manage an adequate, appropriate and acceptable system in his/her own community. Emphasis throughout the course will be on health and health care services in relationship to development and social change.

(3) Core Subject: No.III - Techniques of Studying Community Health

This subject presents the basic principles and methods of bio-statistics, demography, epidemiology and research techniques and will enable the student to

acquire skills needed for community diagnosis and community health management.

(4) Core Subject: No.IV - Management and Administrative Principles in Health and Development

Through this subject the student will be enabled to develop the knowledge, attitude and skills related to decision making, leadership, planning, organising, mobilising resources and evaluating programmes. It will help the persons to gain the management and supervisory skills necessary to be a leader of team concerned with health care delivery systems.

(5) Core Subject: No.V - Effective Change Agent

Through this subject the student will be enabled to have a conceptual understanding of the psychological dynamics of community, groups, families and individuals and to acquire skills in communication, individual and group counselling and community building. It will help the individual to develop an attitude to accept self and others and to recognise one's own potential to be an effective change agent in health and development.

(6) Core Subject: No.VI - Elective

As part of the course each individual is given adequate time to choose an elective where the student can do an assignment of his or her own choice and

produce a report. This will allow the individual to grow independently in an area of interest and concern under the guidance of a faculty facilitator for the same. This elective period is done concurrently with other subjects, through some block time allocated.

The course is so structured as to give the student adequate time for use of the library and other facilities for individual self learning and preparation for special sessions related to the course. There is also time allocated for a field posting (primarily in the RUHSA programme area) and a study tour of some relevant health and development projects in South India.

H. Teaching Methodology

It is hoped to design a flexible, yet, appropriate course which will deal with the individual participant.

It will help them to know the needs of the job which he or she will be going to undertake. In this process, the following methodologies were used.

(a) Problem solving group work.

(b) Practical field experience alternating with work at the RUHSA centre on analysis and study of problems, interlinking theory and practice.

(c) Group methods - discussions, seminars, panels, role play etc.

(d) Individual work - book review and project reports on problems in student's own field and study of areas in which the participant is deficient.

(e) Individual written reports and a major project report in an area of interest that the participant has chosen in discussion with the Course Coordinator.

(f) There is a good library at RUHSA which with the programme and other facilities, is a valuable teaching resource. Students are encouraged to use the library for their assignments, self-learning and preparation for seminars, discussions etc.

I. Evaluation

This is done both concurrently and periodically. It is participatory and individual students are actually involved in the process of their own evaluation and incidentally of the course itself. Comparison between students is not stressed but individual growth and development of students throughout the course is emphasised. Students who satisfactorily and successfully complete the course are recommended to the VHAI Educational Council for certification. At the graduation ceremony of the CMC paramedical course the successful candidates are given a CMC certificate.

No attempt was made to get the course recognised or registered with any formal or governmental institute or university. It has been designed specifically as a

flexible course of post graduate level and the Diploma will be awarded by the Voluntary Health Association of India after the participant successfully completes the requirements set out by the Educational Council of the VHAI. It will be the responsibility of the RUHSA training centre to prepare the candidate suitably within the guidelines set out by the Educational Council and to evolve internal and external assessment appropriate to the course.

J. Faculty

The faculty on the course include,

(a) Full time core faculty in RUHSA with relevant academic qualifications, good field experience and a close understanding of India, its resource and problems.

(b) Guest faculty - drawn from specialists in India for short periods.

(c) Visiting faculty when necessary and possible, from India or those who have experience in developing countries.

RUHSA has built up a team of staff from various backgrounds and experience. Together they contribute to the development of this course and their field experience, both within RUHSA and elsewhere would be of value to the students. At the same time, specific core faculty would be available almost full time who could give guidance, encouragement and support to the students at an individual

and professional level. RUHSA calls upon the various departments, individuals and colleagues from the parent organisation, ie. The Christian Medical College and Hospital, to help and support the programme of training. There are, in Vellore town, other institutions which could be called upon to contribute in the training. At the same time, RUHSA will use its own field practice area, ie. K.V.Kuppam block and rural health and development projects in South India for field experience and visits. The list of faculty on the DCHM course over the years is listed in Annexure V.

K. Course Fees

The course fee expected from each candidate was Rs.5,725 which may be split into Rs.3,375 for tuition and registration, library, assignment, medical, accommodation and certification fees Rs.200 is refundable. The balance of Rs.2,400 includes expenses on food, book and project related travel and is variable. In practice most students have been on part or full scholarship from VHAI, Asoka Foundation.

L. Course Administration

The course administration may be described as having an educational council consisting of members from VHAI, RUHSA & CMC and others which meets once or twice a year. At RUHSA the course is handled by the Head of the Department and faculty entrusted with each of the core subjects who plan and implement the course. One of the core

subject faculty coordinates the course.

The DCHM course was planned extensively and has a document with well defined general objectives, specific objectives and intermediate objectives for each module on the course. Using these objectives as guidelines, the core faculty plan and implement the course for the year. The course coordinator helps plan the course for the year at an annual planning workshop. At the year planner workshop, each core faculty prepares the plan for the year describing his objectives, topics, learning methods and resource persons. At the end of the workshop, the main outcome is a year plan that depicts the weekly distribution of classes in each topic, taking into account the sequencing of topics, assigning responsibility to persons handling the different modules during the course of the year. The course coordinator also monitors and evaluates the course each year with respect to the progress of each candidate and the course.

M. Teaching Modules

A development in the coordination of the course has been the modular concept. Each subject is divided into convenient modules. It was found through the process of evaluation, student feed back and planning workshops that certain modules overlap and could be better handled as integrated modules. An integrated module, for this course, is one where two or more core subjects are handled by one

faculty to cover one or a set of inter-related objectives, or where a set of inter-related objectives are covered by more than one core subject faculty, or where a module has to use an intensive experience based and skill oriented learning methods to achieve the objectives and thus is better handled as a workshop or project work.

The result has been the development of integrated modules over the years which are sufficiently independent to enable other participants to come in for these specific modules, where relevant. The integrated modules are: orientation to DCHM course, personal growth for effective community health management, communications, managerial skills, strategies of change, community participation, training of village level workers, starting a community health programme, monitoring and evaluation, field study issues in health and development, integrated approach to health and development, women's and youth issues.

The yearly planning ensures that staff are aware of their commitments in advance. This becomes particularly essential considering the commitments each staff has in service, training, administration, research and evaluation at RUHSA. Workshops are placed in appropriate sequence to provide for the skills development as a sequence to knowledge components of the course. Project work, study tours etc. occur at appropriate periods of the year to reinforce and apply the learning process. For instance, the field

study is built into the course to cover the topics in techniques of studying communities. The workshop on training of village level workers is scheduled to occur after the personnel management classes and so on. In effect, the yearly plan ensures a cumulative learning experience and assures a gradual growth of the participant in knowledge, attitude and skills.

N. Educational Council Meetings

The VHAI Educational Council meets once or twice a year to review the progress made by each batch of students and discuss other relevant matters regarding the DCHM course.

VI. FINDINGS

The findings of the evaluation committee may be described based on the source of information under 4 heads.

A. Course Files

B. Concurrent Evaluation Reports

C. Survey Schedules

D. Faculty Response

A. Course Files

The course files of the coordinator of the DCHM course and the Head of the Department of RUHSA were consulted to obtain the student and agency profiles.

1. Student Application, Enrolment and Completion Profile:

The course details were sent to over 500 organizations each year to enlist students for the course. The following table gives details of the number of applications, number selected and the number who completed the course.

Batch	Year of admission	No. Applications	No. Selected	No.* Discontinued	No. Completed
I	1983	13	8	1	7**
II	1984	12	8	1	7
III	1985	11	10	1	9
IV	1986	29	12	2	10
V	1987	19	10	2	8***
		84	48	7	41

* Discontinued due to illness/inadequacy/did not join

** One candidate has not been awarded the diploma as the practicum report has not been returned

*** The candidates will complete in October 1988 only

At the end of five years, in 1988, 41 students are expected to have completed the course, making it only 41% utilisation of the capacity.

2. Student Profile

The characteristics of the 41 students with respect to sex, age and educational qualifications are presented below:

Characteristics		Number	Percentage
Total Students		41	100
Sex	: Male	29	70
	Female	12	30
Age(years)	: 15-19	2	5
	20-24	5	12
	25-29	14	34
	30-34	9	22
	35-39	5	12
	40-44	4	10
	45-49	2	5
Education	: SSLC to Intermediate	10	24
	Diplomas (Non-graduate)	15	37
	Graduates	3	7
	Post-graduates	3	7
	Doctors	5	12
	Nurses	5	12

70% of the students completed were males, 56% were between the ages 25 to 34 years, 31% of the students were not graduates, less than 25% had professional health background.

3. Agency Profile

The distribution of the candidates according to the state they are placed and agency they come from are presented in figures I & II respectively. Annexure VI presents the list of agencies and students on the five batches.

Figure I indicates the state-wise distribution according to each batch. It may be noted that West Bengal, Himachal Pradesh and Tamil Nadu have had more number of trainees utilising the course. Figure II indicates the distribution of candidates agency wise. From this it is evident that RUHSA and Health Department of Tibetian Governments in exile have sponsored the maximum candidates. So far 30 agencies have sponsored 40 candidates on the course. One candidate was an open candidate.

B. Concurrent Evaluation Reports

The response of the alumni to the course is assessed each year through a process of evaluation. The reports of the batches I, III & IV were available. A copy of the evaluation conducted for the 1986-87 (IV) batch is enclosed as Annexure I. The conclusions are obtained from this report as representative of the alumni response through concurrent evaluation process.

The response to the course by 10 students of the IV batch may be summarised as follows:

1. Coverage of general objectives : 80-90%

2. Coverage of intermediate objectives : Fully covered 60%
   Not sure 20%
   Need more practicals 20%

3. Interesting : 90%

4. Relevance of each core subject :

Subject	Highly relevant	Partially relevant	Not relevant
Studies in society	4	6	-
Management & Administration of Development Programmes	9	1	-
Health and Development	10	-	-
Techniques of studying communities	7	3	-
Effective Change Agent	7	3	-
Electives	6	3	1

One participant found elective subject irrelevant since hedid not have a job to experiment what he studied through his elective subject.

5. Practicability of the subjects : Yes

6. Difficult in learning : 10 topics listed to be difficult to learn.

7. Areas requiring less time on the course	: Five year plans, school education, freedom movement, one student said study tour period could be reduced.
8. Areas requiring more time	: Managerial skills workshop, Project planning, Monitoring and evaluation, How to start a community health programme, Education/health education, Communicable diseases, Health issues, Training in curriculum development, Practical demonstrations, Statistics.
9. Course coordination	: Well coordinated
10. Integration of subjects	: Well integrated
11. Teaching methods	: Relevant
12. Assignments were a burden	: 10% felt burdensome
13. Level of student participation	: High
14. Individual attention from faculty	: 40% positive response 50% undecided 10% negative response
15. Study tour	: Positive response
16. Infrastructure	: Positive response, except 20% negative response to food and 10% to games.

The IV batch students have had a positive response to the course and seem to have benefited by the course at the end of the year. The syllabus in studies in society needs review in terms of methodology and emphasis.

C. Survey Schedules

1. The findings in this section are summarised from the response of alumni of the first III batches.

a. Coverage of Objectives: The DCHM course had 8 learning objectives. The response to coverage of these objectives from the schedules are presented below:

Objective	% response from 19 schedules		
	Positive	Negative	Not sure
1 a. The dynamics of socio-political systems on the health of people in the community	84	5	11
1 b. The dynamics of economic systems on the health of people in your community	79	5	16
2. Desire to work collectively for a just and equitable society	95	0	5
3. Further more learning	79	21	0
4. Apply problem solving methods	53	42	5
5. Opportunity to plan/monitor/ evaluate your program	58	42	0
6. Role of change agent	89	11	0
7. Understand team concept and role of individual	100	0	0
8. Initiate training/ research/discussion group	74	26	0

One person reacted negatively to most of the objectives. All the others responded favourably to the coverage of course objectives.

b. University Recognition: In response to the query whether university recognition should be got, 68% felt university recognition should be got, 21% felt RUHSA could try for it and 11% felt it does not matter.

c. Cost of the course: 84% participants felt the cost of the course was adequate while 16% felt it was too high. None of the respondents felt the cost was too low.

d. Duration of the course: The interview schedule elicited responses regarding the duration of the course and the ratio of time given to practicum as against the whole course. 12 respondents (63%) mentioned the length being adequate, 5(26%) felt it was too long and 2(11%) felt it was too short. With respect to practicum, 30% felt the need to increase the duration while the remaining felt the present pattern was adequate.

e. Adequacy of course content: 15 participants (79%) felt the course content was adequate while 21% felt it was not adequate.

f. Subjects to be added and deleted

I. Subjects to be added

i) Health and Managerial Components

ii) Practical sessions could be included for HAD

iii) Statistics and Management

iv) Public Relations

II. Subjects to be deleted

i) Sociology to be made general

ii) Five year plans

iii) History

iv) Debate

v) Studies in Society

2. The findings in this section are summarised from the response of sponsoring agencies of the first III batch

a. Reasons for choosing the candidate

Reasons	Yes
1. has necessary requisites	5
2. has already had some training in this field	2
3. is working in this field without training	5
4. no one else was available	2
5. any other reason - specify	5

Detailed specific reasons (any other reason-specify) are given below:

1. May be useful whenever we needed.
2. To improve community health work in our hospital.
3. It needed someone to get trained in this field as it is the need of the time.
4. She was interested to work with the poor in rural area.
5. Candidates already trained are well oriented.

b. Expectations of the candidate from the course -

1. To become competent in the skills of planning, organization and evaluation.
2. To motivate health services to take up community health projects.
3. Improve the knowledge/skill.
4. Increase efficiency.
5. That she would know the practical way of implementing the project.
6. She would be able to work in group satisfactorily.
7. She will work in the rural area for an integrated development.
8. Able to help in running community health programme and other related activities. Evaluate the effectiveness of programme.
9. The candidate being officer in the Salvation Army can utilise his knowledge in whatever appointment he is in.
10. At the time of sending this candidate for this course it was intended that some developmental projects could be started when he returned.
11. Candidate become more familiar.
12. Will be able to develop himself for better work in education area.
13. To have sound knowledge on accounts and statistics.

c. Current responsibilities of candidate

1. Training
2. Research
3. Field Assistant
4. Service
5. Coordinator (incharge)
6. Organiser for health education, health worker training, incharge of health.
7. Youth officer
8. Community health coordinators
9. Conducts and coordinates training programme
10. Help design the curriculum
11. Planning and improving the overall activity of girls.
12. To organise nutrition programme
13. To reduce the readmission of the same child as well as of the same mother with the next child.

d. Change in candidates' performance after the course

The sponsoring agencies were asked to indicate changes in the performance of the candidate with respect to leadership, managerial traits of the individual after the course. The eleven responses were all positive and generally high in rating except for one candidate where rating though positive, was low.

e. Expectations in next five years

1. To improve the health conditions of the people in villages.
2. To provide health care to women and children
3. To train up village women as health workers
4. Continue to improve efficiency in area of work
5. Will continue working in the same field
6. We hope that as these candidates gain more experience with a right attitude can take a leadership role in developing educational technology.

f. Modification to improve the course

Out of the 11 responses obtained, 55% felt university recognition is necessary, 9% felt it was not necessary and the remaining had no opinion about the recognition to the course. 36% felt the cost of the course was too high while 28% felt it was adequate and the rest did not have an opinion about the cost of the course. As far as the duration of the course was concerned, only 9% felt it was too long while 55% felt it was adequate and the remaining did not respond. None of the respondents felt the course was too short. On the otherhand, 18% of the respondents felt the duration of the practicum was too short while 45% felt the duration was adequate and no one said the duration was too long. The response to content of the course was positive by the agencies while they felt more emphasis on practical and field training could be more appropriate.

D. Faculty Response

The evaluation committee met individual faculty on the course and students of the V batch to assess the response to the course from the point of implementation and faculty interest. From the interview with the students and observation of classes in progress, the committee felt that the time table, classes and assignment load was satisfactory. The methods used elicited the necessary participation and integration of theory with practice. The faculty had a positive response to the course. All of them enjoyed teaching on the course, and they found the teaching assignment challenging, interesting and stimulating. All the faculty felt the duration of the course was adequate. The progress on the course with respect to teaching methods, coordination and integration of subjects were commendable. The faculty felt, while the present batch strength, was adequate considering the limitation due to staff strength the course needs to be better utilised to keep the costs of the course low.

E. The Costing of the course

The costing of the course has been discussed separately from the other sections due to its importance to the course. The major portion of the funding for this course was provided by ICCO, Netherlands. In certain cases

Church World Services and VHAI have also contributed to the development of this course at RUHSA. The contributions by these agencies is gratefully acknowledged.

The ICCO, Holland and CWS, New York have contributed to the infrastructure development and development of the course with initial support on recurrent costs to the course. The VHAI has been supporting the course financially by providing scholarships to sponsored candidates.

The distribution of expenses in the first four years are presented below:

	1983-84	1984-85	1985-86	1986-87
Infrastructure Development	29,38,179.45	6,08,240.12	-	-
Operating Expenses	2,27,708.88	3,34,988.10	3,40,221.48	3,41,044.53
Total	31,65,888.33	9,43,228.22	3,40,221.48	3,41,044.53

An analysis of the expenses booked on to the course it was found that, nearly Rs.48 lakhs have been spent on the course in four years, of which, Rs.35.5 lakhs (74%) has been for infrastructure such as buildings & AV equipments in the first two years and the balance on salary and consultants and visiting guests, course materials, library materials, field visits, course announcements and administrative expenses in four years. On an average, this expense works out to Rs.3.1 lakhs per year.

A similar analysis based on expected expenses considering the full complement of students and realistic estimates on staffing, provided an actual figure of Rs.3 lakhs required per year at current costs.

The cost per student per year thus works out to Rs.15,000. However, considering that the utilization has been only 41%, the estimated cost per student is Rs.38,000 per year.

The benefits from this course are expected to be in making one student who has completed the course be available for community health development for an average of 20,000 population for about 20 years.

The cost benefit ratio would thus be expected to work out at the current high costs, Rs.2/- per individual in the community for 1 student or one paise per student career year to the population he/she serves. At full utilization, it would be 75 paise per student and 2/5th of a paise per student career year.

VII. IMPACT TO RUHSA AND CERT

The impact of the course Diploma in Community Health Management to RUHSA and CERT may be described as follows:

A. Staff

The levels of the planning and the organization of the course requires highly qualified, competent and committed staff in RUHSA. The faculty positions are primarily meant for teaching on this course who in turn may be available for other courses in RUHSA. The need for one core faculty at consultants level in Health and Development, Studies in Society, Effective Change Agent, Techniques of Studying Community and Management enables RUHSA to have staff for service area, staff for training in other courses and staff to support management.

B. Library

The library built on the basis of the need for a senior level course is available as a major asset and is generally commended by visitors to RUHSA. The library becomes a resource centre for students and staff.

C. A.V.Aids

The media centre is better equipped with video, slides and teaching materials for use of staff in training and for communication and health education.

D. Recreation

The staff have a recreation facility, which is used by all students and staff. The volleyball court, the shuttle court, table tennis facility and the recreation club are offshoots of the course.

E. Transport

One bus obtained for the DCHM course has been a very valuable asset for RUHSA.

F. Hostel

The hostel facility is also available as accommodation to other trainees and visitors.

G. Guest Faculty

Visiting personnel from India and abroad are invited to interact with the staff and students that help staff development.

H. Staff Development

Staff development through opportunities for staff to participate in workshops, seminars etc. help the staff to develop them.

I. Image

The innovations on the course and its planning provides a sense of satisfaction to staff with respect to training of potential leaders of community health programmes. The course provides an image to the department and for CMC&H. The course may still keep the institution relevant to the needs of the country in the new direction it has taken in training.

J. Faculty Rooms

The office space of the CERT staff was made available due to the course.

K. Staff Accommodation

As an input to the course staff quarters were also provided thus strengthening the infrastructure in the campus for training, research, consultancy, evaluation and service.

VIII. INFRASTRUCTURE AVAILABLE FOR DCHM STUDENTS

Any statement on infrastructure for students can be looked at in three broad areas:

A. Staff Support

B. Living and Recreation

C. Study Environment

A. Staff Support

1. Consultant Training Officers

There is provision for 4 consultancy training officers on the course but now there are two. This is at a senior level with high educational qualifications such as Masters with 10 years or more experience or MD or Ph.D. It is recommended that RUHSA takes steps to recruit more staff at senior level. The limiting factor, this course being not a university recognised course.

2. Senior Training Officers

All the training officers from the level of assistant training officers and above have equal opportunity of guiding and supporting the students depending on the students' interest and expertise available. The diversity available in alternate energy, women & development, community organization, adult literacy, vocational training, animal husbandry, agriculture, watershed management, social forestry, management, evaluation, health planning, epidemiology, communicable diseases, maternal and child health, sociology, psychology,

health economics and so on is an asset to students. -

3. Administrative Support

   Staff are available at administrative capacity to assist in routine administrative activities such as finance, time tables, warden, materials, transport, canteen and recreation.

B. Living and Recreation

The facilities for living are:

1. Single room accommodation with common bathroom facilities.
2. Dining hall with canteen facilities
3. Newspaper at dining hall
4. Playgrounds - shuttle, volleyball, planning to introduce badminton etc.
5. Recreation club with indoor game facilities - table. tennis, carums, chess.
6. Magazines - Sportstar in Recreation Club.
7. Television with video facilities.
8. Eligibility for all activities of staff recreation club.
9. Good transport with bus and a van.
10. A well equipped base hospital with OP & IP and referals to CMCH.

C. Study Environment

1. Library with over 14,000 volumes, journals, newsletters.
2. Newspapers - 4 varieties in the library.

3. Field area with health and development activities for field study and project work covering over 1,00,000 population.
4. Opportunity to hear visiting faculty from India and abroad in study circles or special lectures.
5. A computer for having its use
6. Media centre for A.V.Aids and seminars organised by students and staff.
7. Opportunity for students to meet each staff at an individual capacity on project work such as field study, electives and planning for practicum.
8. Expert staff from CMC&H, Karigiri and Community Health Departments for lectures, programmes and field visits.
9. A well equipped base hospital and health and development activities for practical field exposure.

IX. CONCLUSION AND RECOMMENDATIONS

A. GROWTH OF THE COURSE

The growth of the course with respect to curriculum, administration, teaching methods, infrastructure development has been satisfactory and the environment for learning is conducive to the students' growth on the course. The course enables the students to use the field and activities for practical experience. The course has been dynamic and has developed over the years with the annual planning workshops and formation of integrated modules.

B. PUBLICITY

One of the greatest lacunae in the course has been the poor response to the course. 41 students only have enrolled in V batches against a student strength of 20 each year. Thus only 41% have utilised the infrastructure, inputs and efforts of the staff. One of the reasons could be insufficient publicity. The course has apparently not been recognised in the country. The bridge between the needs identified by the planners and actual implementation can best be narrowed by better publicity and positioning of the course. VHAI & CMC could take greater efforts to reach out to all its organizations to sponsor and utilize the facilities available on the course.

C. UNIVERSITY RECOGNITION

One of the attractive features of any course is to obtain university recognition. 90% of the student respondents and 55% of the agency respondents have indicated that

RUHSA could take efforts to ensure the DCHM course be recognised by a University.

D. DURATION OF THE COURSE

One of the major issues raised in the educational council meetings has been the reduction of the duration of the course. The evaluation process has brought out the need to maintain the length of the course to cover the objectives of the course effectively and provide the opportunities for growth during the course, available in its present structure.

F. FACULTY

To maintain the faculty strength it is recommended, that the course have senior level faculty available in RUHSA with the following specifications to provide leadership to the five core and the elective subjects.

The subject areas may be classified as areas of specialisation desirable:

1. Health and Development: Epidemiology/Health Planning/ Community Health.
2. Studies In Society: Sociology/Economics/Rural Development.
3. Techniques of Studying Communities: Statistics/ Demography/Systems Analysis.
4. Management and Administration: Management/Behavioural Science/Finance.
5. Effective Change Agent: Psychology/Extension Education/ Educational Technology/Health Education.

From the above subject areas of specialization the staff capabilities required for the course may be specified as 3 Ph.D. or its equivalents in any three of the above disciplines, 3 M.Phils or its equivalent in any three of the above disciplines.

It is recommended that these positions be as far as possible be minimum requirements to support the training and when possible the staff be available in six separate disciplines listed above.

G. COMPUTER

Considering the growing awareness of the potential of the computer and its feasibility even in small community health projects, the current training curriculum upgrade its instruction process in computer awareness and use in the modules on field study, management information and evaluation. To assist the training process and user facility, RUHSA may have atleast three PC as infrastructure available for the course.

H. OFFICE SPACE FOR STAFF

Though the course itself may require only 6 full time staff as mentioned earlier, the strength of the course will be in the availability of the diversity of disciplines relevented to an integrated health development programme in our country. To support the staff requirement for the department as a whole, more office space may be required to accommodate atleast another two consultants and four training officers. Similarly housing for about

4 staff may be required to ease the housing requirements on the campus.

I. A.V.EQUIPMENT

To augment the available facilities for training and use of A.V.Aids, it is recommended that the media centre have atleast 2 overhead projectors at any time and a projector to screen printed matter directly from the text or paper.

J. STAFF DEVELOPMENT

To ensure that staff are kept updated in their field of specialization, sufficient funds be made available for staff development with higher training and to attend conferences and seminars or take individual study during sabattical leave.

K. FUNDING FOR SCHOLARSHIPS

An attractive scheme to make the course feasable for small projects to sponsor candidates on the course would be to make available stipends on the course that may enable the participants pay their fees as well as their maintenance during the course. This could be in the form of a fellowship or a stipend.

L. ALUMNI DEVELOPMENT

The Alumni of the course may be given an opportunity for continuing education through the process of an alumni association and house journal that keep the participants informed about the course, about alumni, about developments in the area of community health management. For this, funds may have to be made available to meet the expenses on meetings, journal, educational meetings organised etc.

ANNEXURE I

DIPLOMA IN COMMUNITY HEALTH MANAGEMENT (DCHM)

RUHSA DEPARTMENT OF CMC&H

A SUMMATIVE EVALUATION REPORT (1986 - 1987)

Diploma in Community Health Management (DCHM)

RUHSA Department of CMC&H, (1986-1987)

A Summative Evaluation Report

1.1 INTRODUCTION

The present final evaluation of the DCHM course[1], RUHSA, was undertaken with the following objectives.

i) To assess the achievement of overall course objectives.

ii) To assess the course coverage in terms of achieving the specific intermediate objectives of each course subject.[2]

iii) To muster the ten participants' point of view with respect to:
   a) the relevance of various topics and
   b) their practicability in the participants' field-setting,
   c) the appropriateness of teaching methods followed,
   d) time allocation for each study area/module, and
   e) the utilization of time by participants,

iv) To assess the ease with which the participants completed the course, and the interest they developed towards each core subject

v) To understand the level of coordination of the course as a whole and also the integration of various subjects within the course in the study of health and development

vi) To enumerate their feedback on other extracurricular and non-course items, viz., sports and games, food and other facilities.

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1. For course details kindly refer to DCHM prospectus, RUHSA 1986

2. For convenience sake the eight course objectives have been reduced to six, since some were mutually inclusive or very much interdependent

vii) To use the above information as a feedback to the decision makers and other DCHM faculties for better delivery of educational services for the future DCHM batches, and

viii) to create data on 1986-87 DCHM batch for an overall evaluation of DCHM (since its beginning) course in the future.

1.2 METHODOLOGY

The overall approach to the present evaluation was participatory in nature with the involvement of participants in finalising the questionnaire and in other processes of the evaluation like interviews and group discussions. It was done in three stages. In the first stage the ten participants were interviewed about the coverage of each intermediate objective[3] of every core subject, after being divided into three groups. They were, thus, divided into groups so as to encourage maximum participation/representativeness from the overall group, and the decision of the majority group (two) was considered to be final. The interview was followed by the enumeration of a questionnaire covering various aspects listed in the objectives (see appendix 3). The second stage of the evaluation was based on an open and critical discussion between the participants and (mainly) the core faculties, embracing various issues and problems related to both course contents and other related activities. The problems raised and clarifications made were recorded through observation. The third stage of evaluation also used questionnaire method but was addressed to the faculties, with questions ranging from course coverage to participant performance as per the faculties opinion.

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3. For details on intermediate objectives kindly refer to the cyclostyled curriculum report by the DCHM Course Coordinator

The data based on these stages of evaluation and their findings are given in the II section of the present report, III section provides the conclusion, and the appendix gives the model questionnaires and some of the (aggregated) answers given by the participants.

1.3 LIMITATIONS

The present evaluation, however, suffers from the following limitations.

i) It does not/can't provide a temporal picture of the relative position of participants within the academic year, 1986-87.

ii) Cross analysis of participants' position for any cause-effect relationship is not possible due to the sheer limitation of number.

iii) Most of the data are based mainly on participants' perspective and that of the faculties only.

iv) The study shows the position and perspectives of the participants not really at the end of the course, for they have yet to complete their practicum. It means that one may expect a significant change in the attitude and behaviour of the participants between pre-and-post practicum period of the course.

1.4 ASSUMPTIONS

i) The attainment of intermediate objectives within each subject leads to the fulfilment of the overall (respective) subject objective.

ii) An evaluation at the end of the classroom sessions of the course fairly reflect the overall impact of the course on the participant in terms of fulfilment of objectives and attitudinal and behavioural changes.

II

The present section deals with the data gathered through the above mentioned three stages of the evaluation and some of the findings based on them.

2.1.0 The responses from the questionnaire based on the overall objectives are as follows

2.1.1 Nine persons out of ten have understood the effect of socio-political economic systems on the health status of the people. Whereas only one participant was undecided in his understanding of the relationship.

Level of understanding	No.of persons
Very Good	2
Satisfactory	7
Not satisfactory	1

2.1.2 Nine out of ten participants voted for collective venture to achieve the optimum productivity while only one person opted for constant supervision for achieving the same.

2.1.3 Seven participants showed confidence (agreed) in embarking on their self-learning without much dependence on others. While three were undecided in this respect.

Level of Confidence	No.of persons
Strongly agreed	2
Agreed	5
Undecided	3

2.1.4 Nine participants expressed confidence in solving community problems, while one participant was undecided in that respect.

2.1.5 Six participants' answers to questions regarding initiative shows positive results. When asked about their reaction to some sudden social or health related problems, six said they will try to do their part whereas four said they will wait for (approach) some well-informed persons.

2.1.6 Nine participants felt the need for making people aware of their health needs for their better health status while only one person felt they (people) could be left to themselves.

2.1.7 Seven participants felt that they can make a dent on the health status of a population if they become a voluntary worker for social change, while three felt they can do that by becoming managers.

2.1.8 The participants' level of confidence in different stages of running a health and development programme is as follows:

	Level of Confidence		
	Can	Partially Can	Undecided
Planning	9	1	-
Organising	8	2	-
Implementation	8	2	-
Evaluation	8	1	1

The above table shows that only one person was undecided in evaluating a health and development programme. In the other areas all participants had atleast some confidence.

Besides the fulfilment of overall objectives of the course, the coverage of the course in terms of fulfilling the instructional objectives of each core subject was also studied based on recall method. All the objectives were fulfilled except the comments mentioned against the following instructional objectives.

	SIS (34)*	Participants'
	Instructional Objective	Comment
2.2.1	Comparison of objectives, impact and distribution of benefits of selected health programmes (F_1)	Regional differences and their influences may be given more emphasis
2.2.2	Religion and its contribution to health and development (J.1-h)	Not sure (of coverage)

* Shows the number of instructional objectives

	HAD (42) Objective	Participant Comment
2.2.3	Analysis of the definitions of health, illness and community in view of participants' environment (A.6)	Not sure
2.2.4	Population control Vs eco., Development-Debate (B.5)	Debate method not followed
2.2.5	Preparing action plans about certain relevant issues and problems in health and development (E.1)	Not sure
2.2.6	Prioritising topics for health education and framing objectives; identifying problems for organising health education, organising health education programmes (K.3-5)	Individual opportunity only was available through elective and/or practicum
	ISC (15)	
2.2.7	Descriptive epidemiological techniques (D.1)	Not sure
2.2.8	Utilization of specific problem solving methods in case studies (F.2)	Not sure
2.2.9	Use of cost-benefit studies for feasibility studies and prioritising community health problems (I.1)	Not confident and need practical experience
2.2.10	Set-up monitoring and surveillance systems	Need practical experience
	MAD (23)	
2.2.11	Involving community members in planning and decision making (5.1-3)	Have many practical difficulties

	Objective	Comment
2.2.12	Effective work with banks and government (7.5)	Need practical experience
	ECA (14)	
2.2.13	Describing the circumstances where each role would be appropriate (H.1)	Not clear yet

With respect to other aspects of the course, with special reference to its relevance to the participants' work-settings, time utilization for different subjects, etc., the following observations were made by the participants.

2.3.1 Interest

Very interesting	3
Interesting	6
Not bad	1

Only one participant did not find the course interesting

2.3.2 Relevance

	Very much relevant	Partially relevant	Not Relevant
SIS	4	6	-
MAD	9	1	-
HAD	10	-	-
TSC	7	3	-
ECA	7	3	-
ELE	6	3	1

One participant found elective (ELE) subject to be irrelevant since he did not have a job to experiment what he studied through his elective report. Six participants found SIS to be partially relevant. TSC, ECA and ELE (each) were found to be partially relevant by 3 participants. Of those who found these subjects relevant they had the following reasons to tell:
Because they help

i) to work with the government, community and local politicians,
ii) to plan and evaluate health and development programmes,
iii) to relate theory with practice,
iv) to know the legal aspects,
v) to work for the wholistic development of the community, and
vi) to change oneself

2.3.3 Practicability

When asked whether they can practice what they learnt, four said they can practice all of what they learnt, while six said they can practice partially.

2.3.4 Difficulty in Learning

Three participants felt the course to be difficult and one was undecided. The specific areas which the participants found to be difficult to follow were:

Area/Topic	Reasons/Suggestions
i) Network Analysis	Less practicals
ii) Extension Education and Health Exhibitions	Had to depend on hand-outs only; need verbal explanation
iii) Legal matters in management	----------
iv) Communicable diseases	Lack of familiarity with technical terminologies
v) Logical framework	----------
vi) Cash flow	----------
vii) Brain storm	----------
viii) Evaluation	----------
ix) Demography	----------
x) Statistical calculations	----------

2.3.5 Time use

Eight participants agreed that they had made the best use of the time available to them, whereas they were undecided about the level of their time utilization.

While asked about the time allocation between various subjects in the course, six opined that it was good, one was undecided and the other three participants were unsatisfied with the present time allocation. The participants' suggestions regarding the time allocation are as follows:

3.5.a. Areas requiring less time

i) Five year plans
ii) School education
iii) Freedom movement
iv) Study tour (1)

3.5.b. Areas requiring more time

i) Management skills workshop
ii) Project planning
iii) Monitoring and evaluation
iv) How to start community health programme
v) Extention/Health Education
vi) Communicable diseases
vii) Health Issues
viii) Training in curriculum development
ix) Practical demonstrations
x) Statistics

3.6 Course coordination

Eight participants answered that the course was well coordinated, one answered that it was somewhat coordinated and the other participant was undecided.

3.7 Integration

Nine participants agreed that the subjects were vell integrated towards studying health and development, and one participant was undecided.

When asked about the topics which stood isolated or unexplained, the participants identified the following topics:

i) Mental health
ii) STD
iii) Freedom Movement
iv) Health Education

2.3.8 Level of Interest in Core Subjects and Workshops

The following table shows the level of interest, as expressed by the participants, in various core subjects and various short term workshops.

Core Subject	Level of Interest			
	Very much interesting	Inter-esting	Somewhat interesting	Not inter-esting
SIS	1	4	4	-
MAD	9	1	-	-
HAD	4	5	1	-
TSC	5	3	1	-
ECA	3	5	1	-
ELE	4	4	-	-
Workshops				
Poverty	2	2	5	1
VLW	3	7	-	-
H.S.C.H.P.	5	3	1	-
M & E	4	5	-	-
Communication	4	5	1	-
Participatory Trg.	2	7	1	-
Managerial Skills	8	2	-	-
CCC Visit	8	2	-	-
Field Study	5	5	-	-
Practicum Planning	5	1	1	1
Human Relations Workshop	7	1		
Orientation	1	8	1	-

Note: VLW - Village Level Workers; H.S.C.H.P. - How to Start a Community Health Programmes;
M & E - Monitoring and Evaluation;
CCC - Christian Counselling Centre;
Orientation - Orientation to DCHM.
While the totals do not amount to 10, the missed numbers denote no answer.

A high level of interest is shown towards MAD and the participants had relatively less interest in studying SIS. Likewise, among other short-term programmes poverty workshop had less impact on the participants in terms of creating interest in them.

3.9 Teaching Methods

Nine participants felt that the teaching methods followed in general were either relevant (6) or very much relevant (3), and one participant had no answer. However, two participants felt that the lecturing was at times less interesting (monotonous) and one suggested for bringing in real life situations in workshops, like that on poverty.

3.10 Assignments

Only one participant answered that the assignments were burdensome. One had no answer and the others did not feel the assignments to be burdensome.

3.11 Level of participation

Nine participants felt that their level of participation during the course was either satisfactory (8) or extremely satisfactory (1). One participant answered that his/her level of participation was not satisfactory.

When asked about some of the reasons for low level of participation (at some time or other), the following were the answers given by the participants

i) Language barrier
ii) Fear
iii) Inferiority complex
iv) Lack of appreciation

3.12 Individual Attention

Regarding individual attention from the faculties five participants were undecided to give a specific answer and one disagreed strongly. Three agreed and one participant strongly agreed that they got individual attention.

3.13 Use of Previous Evaluations

Seven participants gave the following as the major uses of previous evaluations in their studies, viz.

i) gained more knowledge
ii) understood the nature of individual progress
iii) helped to correct performance
iv) helped to work hard
v) helped overcome difficulties in certain areas
vi) understood where I was lacking
vii) gave encouragement for more efforts

3.14 Study Tour

Five participants were very much satisfied with the study tour while the others were partially satisfied with it. However, to make the study tour still more interesting and useful they had the following suggestions/ needs:

i) team spirit
ii) group participation
iii) more time for visiting institutions

The participants had the following learning experiences from the study tour:

i) learnt the importance of cooperation and group work
ii) learnt and observed various approaches to health and development
iii) learnt Hindi
iv) exposed to different kinds of people and their working
v) learnt different organisational problems
vi) cleared doubts regarding approaches to health and development
vii) learnt how to move with suffering people
viii) learnt about community participation

2.3. 5 Extra curricular activities

Item	Level of Satisfaction		
	Very much	Somewhat	Not
Food	2	6	2
Accommodation	8	2	-
Games Facilities	6	3	1
Library	10	-	-

The above table shows that the relative levels of satisfaction of participants with respect to library and accommodation are more than that for other facilities like games and food.

The suggestions by the participants include the following: arranging food in the canteen rather than in the dormitory, reducing the food variety and further increasing the quality, and more cleanliness in the hostel.

2.3.16 Most interesting part of the course

The participants felt that MAD and HAD subjects as such were very interesting. The other specific areas they found to be very interesting are

i) MAD games
ii) CCC visit
iii) Study Tour
iv) Managerial Skills Workshop
v) Practicum Planning
vi) Field Study
vii) Human Relations workshop
viii) Monitoring and Evaluation Workshop
ix) Discussion with faculties

3.0 GROUP DISCUSSION

The group discussion among the staff and participants lead to the following findings regarding the strengths and weaknesses of the course.

3.1.1 The participants got more chances for group participation, especially with CIRD, and enjoyed the process.

3.1.2 The library hours incorporated into the regular working schedule enhanced participants' self-learning and reading.

3.1.3 The course covered more economic issues than previous batches.

3.1.4 TSC, MAD and G.R, (Green Revolution) helped the participants to learn more, even within the limited time.

3.1.5 Participants enjoyed individual attention whenever it was availed of.

Learnings/Areas for Attempt

3.2.1 Normal work coincided with workshop and it lead to a cramped schedule.

3.2.2 Health Education has to be integrated still further.

3.2.3 Participants felt the need for familiarising themselves with the medical terminologies before lecture starts on them, especially on communicable diseases.

3.2.4 Besides reflecting overall performance, grading does not talk about specific areas of weakness of each participant within each subject. This require attention and some solution. However, participants need to be made aware of the effects of both positive and negative competitions.

3.2.5 For a better start the language barrier and the faculty participant relationship have to be looked into in the beginning of the course itself.

4. STAFF FEED BACK ON DCHM

As mentioned previously, separate questionnaires were administered to the DCHM faculty for their feed back on aspects like knowledge, skill, effort and attitudes of the participants, coverage of topics, relevance and topics for future coverage etc. The findings are as follows.

4.1 EFFORT, KNOWLEDGE SKILL AND ATTITUDE (EKSA)

The EKSA levels of different participants as identified and expressed by the faculties are given in the following table. The table is based on scales/scores (Poor-1; average-2; Good-3) given by six core faculties for ten specific subjects viz., HAD; ECA; Com., WP; TSC; FV; TSC; MAD; Pvty., WP; HAD issues; SIS and VLW.

TABLE 4.1.1 SHOWING SCORE POSITION OF PARTICIPANTS AND THEIR TOTAL SCORES

EKSA	No.of Responses and Score Level				Total Score (Out of 300)
	Poor (1)	Average (2)	Good (3)	Total (4)	
Knowledge	3	48	49	100	246
Skill	4	54	42	100	238
Effort	5	29	66	100	261
Attitude	3	32	65	100	262

Note: For details/disaggregated data
Kindly see appendix - 1,2

The Table shows very less difference between knowledge and skill. It shows, also, higher scores for effort and attitude than for knowledge and skill. However, the paradox one can observe from the above table is that the higher effort

put and the positive attitude evinced by the participants haven't necessarily lead to the logically commensurate increase in their knowledge and skill levels - though nearly all are at average or more than average level with respect to their knowledge and skills. The paradox may be partly answered by the following table.

TABLE 4.1.2 SHOWING LEVEL OF EDUCATION AND EKSA OF PARTICIPANTS

EKSA	Average Score/Participant		
	Under graduate	Graduate	Total
Knowledge	24.6	24.7	24.6
Skill	24.0	23.3	23.8
Effort	26.3	25.7	26.1
Attitude	26.1	26.3	26.2
No.of Participants	7.0	3.0	10.0

Note: Table shows scores out of 30 in each aspect

The table shows that undergraduate participants had same knowledge, skill and attitude as compared with post graduate participants, but they put more effort than the latter - leading to similar knowledge and skill levels between the two groups inspite of differences in educational levels.

TABLE 4.1.3 AVERAGE PERCENTAGE SCORE PER PARTICIPANT FOR DCHM 1986-87

	Score/Participant	Percentage score/ Participant
Effort	26.1	86.13
Knowledge	24.6	81.18
Skill	23.8	78.54
Attitude	26.2	86.46
Overall	25.2	83.16

In terms of overall P rcentage score, the DCHM 1986-87 showed a score level of 83.16 in all the subjects/workshops and for the participants covered under the study.

4.2.1 SPECIFIED SUBJECT AREA WEAKNESS OF PARTICIPANTS

Subject	Area	No.of participants week
a) HAD	Health Planning	2
	Nutrition	1
b) ECA	Interpersonal relations	3
	Educational methods	1
c) HSCP	Writing proposals for health projects	10
d) Poverty Wp.	International perspective on poverty	10

e) M & E, MAD, M.Skills

Here, the other personal areas of weaknesses of participants identified with respect to their learning were as follows:

Regularity	1
Application	1
Reading	1
Confidence	1
Attitudinal	1
Understanding	2
Listening/ concentration	3
Language: writing	3
speaking	4

Knowledge on writing a project proposal for starting a community health project and on international perspective of poverty are the two important areas requiring attention. However, considering the opinion that time for workshop on poverty may be reduced from 6 days to 3 days(4.3.3) it has still to be decided whether this perspective has to be stressed at the cost of other areas of discussion in the workshop. Information on the effect of other project work on project proposal writing for starting community health project also may be useful.

Interpersonal communication, language (spoken and written), health planning and concentration and understanding of participants also seem to require further attention.

4.2.2 Topics Not Covered

The following are the topics which could not be covered during the tenure of the course

a) Health education

b) Contribution of religious groups to development

c) Action plan to remove poverty

However, it has to be noted that though the former was found to be necessary by the participants it was not so for the latter topics.

4.2.3 Other Necessary Topics

All the topics in the syllabus were found to be necessary by the faculty. Also, the new topics requiring considerations for future implementation are:

a) International perspective on socio-political movements and socio-political and economic exploitations (SIS)

b) Introduction to Health And Development (HAD)

c) Hardware-media; Journalism (ECA)

4.3.1 Evaluations

All the subjects/workshops had a minimum of one evaluation each and the following were the methods and criterion used.

Methods: Assignments, group presentations, group work, tests, observation,

Criterion: Application, clarity in writing and presentation, organisation of materials, openness, confidence, attendance etc.

4.3.2 Resource Persons Used

Subject/Workshop	No.of Resource Persons	
	RUHSA	Outside
ECA	4	1
TSC	4	1
MAD	6	-
SIS	3	3
ELE	8	-
HAD	N.A.	2
Issues in HAD (6.6.87)	13	-
Workshop on Poverty (17.11.86 to 21.11.86)	13	3
Management Skills (8.12.86 to 13.12.86)	3	-
Monitoring & Evaluation (1.6.87 to 6.6.87)	2	-
TSC Field Visit	12	-
Communication Workshop (13.10.86 to 18.10.86)	2	1
VLW Workshop (9.2.87 to 14.2.87)	5	-
HSCP Workshop (9.3.87 to 14.3.87)	5	-
CCC Visit	1	3

The table shows the utilization of resource persons from within and without RUHSA, though staff utilization for issues in HAD looks quite superfluous.

4.3.3 Further Comments/Opinions

The following were the further opinions raised by the faculty concerned:

a) HAD Issues: require a minimum of 2-3 weeks
b) Duration for poverty workshop may be reduced from 6 days to 3 days
c) Monitoring and Evaluation requires more time
d) Sudden change in time tables disturb the programme
e) Block programmes may have better results for TSC

III

CONCLUSION

The above analysis may lead one to the following conclusions. In general the DCHM course (1986-87) has helped the participants to realise nearly all of the course objectives and had a reasonably good coverage of topics. The participants made the best use of time available during the course, they found the course to be practical and useful. It was well coordinated, with better integration of specific subjects and topics within each subject. They found the evaluations useful and the assignments were not burdensome. They had a good participation especially when they were with CIRD participants, were impressed with the teaching methods and got individual attention whenever it was resorted to. There was little difference between their knowledge gained and skills acquired - meaning that now they have the reasonable potential to put into practice what they learnt. Above all, this growth for them was well balanced (between individuals) and their effort (especially by the under-graduates)and attitudes in learning registered relatively a higher level of performance.

However, the participants' responses, faculty's suggestions and the group discussion reveal also areas for improvements in the course. Some of the areas requiring attention for further attempts are as follows:

a) Individual initiative in solving community problem and the necessity to avoid the fear about the practical problems in involving the community for solving the community's own problems (2.1.5, 2.2.11)

b) Need for practical experience in solving some objectives, especially with respect to monitoring and surveillance, working with banks and health education when/if they don't suffer from the practical constraints of language, time and infrastructure (2.2.10, 2.2.12, 2.2.6)

c) Selection of elective/practicum and its criterion for non-sponsored participants (2.3.2)

d) Necessity of further planning on SIS to make it more relevant and/or interesting to the participants (2.3.2, 2.3.8)

e) Improvement in individual attention to the participants-especially at the earlier stage of the course and even when it was not sought for due to fear or other difficulties (2.3.12, 2.3.11, 3.2.5, 3.2.4)

f) Integration of health education (3.2.2, 2.2.6)

g) Preparation of project proposal for starting community health projects and a plan of action for poverty alleviation programmes (4.2.4). Further, insights into the impact of other project works on the above two areas (if important) may be useful.

h) Some freedom from other responsibilities during workshop for workshop related homeworks (3.2.1)

i) Time availability and the need for more time for HAD and M & E (4.3.3.a, c; 3.5.b)

j) Recording of concurrent evaluation findings of each subject and the selection of some common criterion which apply to each subject evaluation.

- - -

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(M.Deva Sahayam)

Appendix 1

Table showing the total scores for each in EKSA

Participant	Knowledge	Skill	Effort	Attitude	Total
1	26	23	26	24	99
2	24	22	26	26	98
3	23	23	29	30	105
4	29	29	29	27	114
5	19	19	26	26	90
6	27	25	24	24	100
7	24	25	26	25	100
8	26	23	25	28	102
9	26	27	26	27	106
10	22	22	24	25	93
	246	238	261	262	1007

Appendix 2

able showing the number of participants and the scores in KSA in each subject/workshop for which data are vailable

	Kn			Sk			Etf			Att			Total		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
AD	-	8	2	-	9	1	1	5	4	-	6	4	1	28	11
CA	-	4	6	-	4	6	-	2	8	-	3	7	-	13	27
om.Wp.	-	-	10	-	-	10	-	-	10	-	-	10	-	-	40
SC F.V.,	1	5	4	3	5	2	1	4	5	-	-	10	5	14	21
SC	-	6	4	-	5	5	-	3	7	-	1	9	-	15	25
AD	1	5	4	1	6	3	-	5	5	-	7	3	2	23	15
vty.	1	6	3	-	8	2	3	5	2	3	5	2	7	24	9
ad Issue	-	7	3	-	3	7	-	-	10	-	5	5	-	15	25
IS	-	7	3	-	9	1	-	5	5	-	5	5	-	26	14
LW	-	-	10	-	5	5	-	-	10	-	-	10	-	5	35
otal	3	48	49	4	54	42	5	29	66	3	32	65	15	163	222

Appendix 3

RUHSA Department of CMC&H, Vellore

Diploma in Community Health Management (DCHM) 1986-87

Questionnaire for Final Evaluation

1.1) My understanding of the effect of socio-political-economic systems on health status of the people is

Very Good	Satisfactory	Undecided	Not Satisfactory	Nil
☐	☐	☐	☐	☐

1.2) A work done is best done

a) When proper physical climate is provided (like A/c)
b) When the work is done under constant supervision
c) When total independence is given
d) When done collectively by the persons involved in the task

1.3) I can learn things without much dependence on others

Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
☐	☐	☐	☐	☐

1.4) When any social or other health problems erupt in my community

a) I will approach a well informed person in that area for help
b) I will wait for some elderly person to solve it
c) I cannot do anything as a single person
d) I will try to do my part to solve the problem
e) I don't have any courage to do anything for it

1.4.b) My level of equipment to solve the community problem is

Sufficiently equipped	Partially equipped	Do not know	Ill-equipped	Not at all equipped
☐	☐	☐	☐	☐

1.5) a. People can improve their health status when/if
a) they are left to themselves
b) some compulsive/coercive methods are available
c) more voluntary agencies come into existence
d) everyone is (made) aware of their health needs

b. I can make a development on the health status of the people,
a) if I become a political leader
b) if I become a successful business man
c) if I become a voluntary worker for social change
d) if I become a doctor

1.6) I can plan, organise, implement and evaluate community health and development programmes. (Or) My ability to do the above tasks are:

	I can	Partially can	Undecided	I can't do	I can never
Plan	☐	☐	☐	☐	☐
Organise	☐	☐	☐	☐	☐
Implement	☐	☐	☐	☐	☐
Evaluate	☐	☐	☐	☐	☐

2.1) The course was

Very much interesting	Interesting	Not bad	Boring	Very boring
☐	☐	☐	☐	☐

2.2.a) The individual subjects (will) have following levels of relevance in my work situation

	Very much relevant	Partially relevant	Don't know	Not relevant	Not at al relevant
SIS	☐	☐	☐	☐	☐
MAD	☐	☐	☐	☐	☐
HAD	☐	☐	☐	☐	☐
TSC	☐	☐	☐	☐	☐
ECA	☐	☐	☐	☐	☐
ELE	☐	☐	☐	☐	☐

2.2.b) Would you kindly say why you think so, with specific reference to each subject (only for very much relevant and not at all relevant)

2.3.a) I can practice what I learnt through the course

Practice all	Partially practice	Don't know	Difficult to practice	Very difficult to practice
☐	☐	☐	☐	☐

2.3.b) Would you kindly mention those items which you can never practice

	Topic	Reason
i)	- - - - - - - - - -	- - - - - - - - - -
ii)	- - - - - - - - - -	- - - - - - - - - -
iii)	- - - - - - - - - -	- - - - - - - - - -
iv)	- - - - - - - - - -	- - - - - - - - - -
v)	- - - - - - - - - -	- - - - - - - - - -

2.4.a) The course in general was

Very difficult	Somewhat difficult	Can't say	Not difficult	Not at all difficult
☐	☐	☐	☐	☐

2.4.b) Would you mention those areas which you found to be very difficult to follow.

	Specific area	Specific reasons if any
i)	- - - - - - - - - - - -	- - - - - - - - - - - -
ii)	- - - - - - - - - - - -	- - - - - - - - - - - -
iii)	- - - - - - - - - - - -	- - - - - - - - - - - -
iv)	- - - - - - - - - - - -	- - - - - - - - - - - -
v)	- - - - - - - - - - - -	- - - - - - - - - - - -

Others

3.1) I am sure I have made the best use of my time available throughout the course

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
☐	☐	☐	☐	☐

3.2.a) The time allocated for each subject, topics and other programme was

Very good	good	Undecided	Not satisfactory	Not at all satisfactory
☐	☐	☐	☐	☐

3.2.b) Can you mention areas which you strongly feel could have required less time

i) - - - - - - - - -
ii) - - - - - - - - -
iii) - - - - - - - - -

3.2.c) Can you mention areas which you strongly feel would require more time for understanding

i) - - - - - - - - -
ii) - - - - - - - - -
iii) - - - - - - - - -

3.3) The course as a whole was

a) Extremely well coordinated ☐
b) Well coordinated ☐
c) Somewhat coordinated ☐
d) Not well coordinated ☐
e) Do not know ☐

3.4.a) Every subject was integrated well in the course that I have been able to understand clearly the interaction between various factors on the overall health status of a given population

Very much agree	Agree	Don't know	Disagree	Very much disagree
☐	☐	☐	☐	☐

3.4.b) Can you identify a few topics/areas which stand (in isolation or) unexplained in its relation to health status of a population

i) - - - - - - - - - -

ii) - - - - - - - - - -

iii) - - - - - - - - - -

3.5.a) The following subjects/sessions were of much interest to me

	Very much interesting	Interesting	Somewhat interesting	Not at all interesting
SIS	☐	☐	☐	☐
MAD	☐	☐	☐	☐
HAD	☐	☐	☐	☐
TSC	☐	☐	☐	☐
ECA	☐	☐	☐	☐
ELE	☐	☐	☐	☐
Workshops	☐	☐	☐	☐
Poverty	☐	☐	☐	☐
VLW	☐	☐	☐	☐
HSCHP	☐	☐	☐	☐
M&E	☐	☐	☐	☐
Communication	☐	☐	☐	☐
Participatory Training	☐	☐	☐	☐
Managerial Skills	☐	☐	☐	☐
CCC Visit	☐	☐	☐	☐
Field Study	☐	☐	☐	☐
Practicum	☐	☐	☐	☐
Planning	☐	☐	☐	☐
Orientation	☐	☐	☐	☐

3.5.b) If you have any specific comments and suggestions on them kindly give it

4.1) The teaching methods used were

Very much relevant	Relevant	Undecided	Not very much relevant	Not at all relevent
☐	☐	☐	☐	☐

4.2) Kindly furnish those teaching methods you found to be very much useful to you in understanding your subjects (by the order of their efficiency)

i) - - - - - - - - - - -
ii) - - - - - - - - - - -
iii) - - - - - - - - - - -
iv) - - - - - - - - - - -
v) - - - - - - - - - - -

4.3) Kindly mention those methods which are irrelevant in your view.

Method	Reason
1. - - - - - - - - - - - - - - -	- - - - - - - - - - - - -
2. - - - - - - - - - - - - - - -	- - - - - - - - - - - - -
3. - - - - - - - - - - - - - - -	- - - - - - - - - - - - -
4. - - - - - - - - - - - - - - -	- - - - - - - - - - - - -

4.4) Assignments given were

Very much burdensome	Burdensome	Undecided	Not much burdensome	Very eas
☐	☐	☐	☐	☐

4.5.a) My level of participation in the course was

Extremely satis-factory	Satis-factory	Un-decided	Not satis-factory	Not at all satis-factory
☐	☐	☐	☐	☐

4.5.b) If participation was unsatisfactory can you list a few reasons for that (like no chance was given etc)

i) - - - - - - - - - - -
ii) - - - - - - - - - - -
iii) - - - - - - - - - - -

4.6) I got individual attention during the course

Strongly disagree	Disagree	Undecided	Agree	Strongly agree
☐	☐	☐	☐	☐

4.7) Can you tell how previous evaluations (midcourse evaluation) helped you in your studies

i) - - - - - - - - - - - - - -
ii) - - - - - - - - - - - - - -
iii) - - - - - - - - - - - - - -
iv) - - - - - - - - - - - - - -
v) - - - - - - - - - - - - - -

4.8.a) How much did you enjoy your study tour

Very much	Somewhat	Not much
☐	☐	☐

4.8.b) If you could not enjoy it, can you suggest a few ways to make it interesting?

i) - - - - - - - - - - - -
ii) - - - - - - - - - - - -
iii) - - - - - - - - - - - -

4.8.c) What are your major learning experiences from the study tour?

i) - - - - - - - - - - - -
ii) - - - - - - - - - - - -
iii) - - - - - - - - - - - -

5.1) How much are you satisfied with the following

	Very much satisfied	Somewhat satisfied	Not satisfied
Food	☐	☐	☐
Accommodation	☐	☐	☐
Games facilities	☐	☐	☐
Library	☐	☐	☐

5.2) Do you have any suggestions on them.

6.1) The most interesting parts of the course were

i) - - - - - - - - - - - - -

ii) - - - - - - - - - - - - -

iii) - - - - - - - - - - - - -

6.2) The following areas in the course could be improved

i) - - - - - - - - - - - - -

ii) - - - - - - - - - - - - -

iii) - - - - - - - - - - - - -

6.3) The following topics in the course could be deleted

i) - - - - - - - - - - - - -

ii) - - - - - - - - - - - - -

iii) - - - - - - - - - - - - -

6.4) The following topics could be included in the course

i) - - - - - - - - - - - - -

ii) - - - - - - - - - - - - -

iii) - - - - - - - - - - - - -

6.5) The most important benefits I got from the course are

i) - - - - - - - - - - - - -

ii) - - - - - - - - - - - - -

iii) - - - - - - - - - - - - -

6.6) Further Comments

Appendix 4

RUHSA Department of CMC&H, Vellore

Questionnaire on the Faculties' Feedback on DCHM, 1986-87

1. Subject: . . . . . .

2. If specific modules/topics only were taken by you kindly mention them
   i) .....
   ii) .....
   iii) .....

3. Total number of hours taken: .....

4. Kindly mention your rates of the participants regarding the following

Name of participant	Effort			Knowledge			Skill			Attitude		
	1	2	3	1	2	3	1	2	3	1	2	3
1. Mr.Shyam												
2. Mr.George												
3. Mr.Reuben												
4. Mr.Dawa												
5. Mr.Nilambar												
6. Ms.Deena												
7. Mrs.Nirmala												
8. Mr.Theodore												
9. Mr.Simpson												
10. Mr.Vijayakumar												

1. Poor, 2. Average, 3. Good. If undecided/do not know, kindly write D.K. in any column (1.3) opposite to his/her name.

5. Could you kindly mention the specific areas in which each participant was week.

Name of participant	Area/Topic 1	Area/Topic 2	Area/Topic 3
1. Mr.Shyam			
2. Mr.George			
3. Mr.Reuben			
4. Mr.Dawa			
5. Mr.Nilambar			
6. Ms.Deena			
7. Mrs.Nirmala			
8. Mr.Theodore			
9. Mr.Vijayakumar			
10. Mr.Simpson			

6) Kindly mention those specific subject objectives unfulfilled or uncovered (as per your opinion) during the course in your subjects

i)
ii)
iii)
iv)
v)

7) Kindly mention the topics which could not be covered during the course

i)
ii)
iii)
iv)
v)

8.a) Do you think any topic can be deleted from the subject/ module you have taken.

Yes/No

8.b) If yes, kindly mention them

i)

ii)

iii)

9.a) Do you think any other topic must be included to the subject you have dealt with during last year.

Yes/No

9.b) If yes, kindly mention them

i)

ii)

iii)

10.a) Did you evaluate your classes previously

Yes/No

10.b) If yes, kindly give details on the number of evaluations and the evaluation criterion used.

11) Who were the other resource persons whose services you made use of for your subject.

i)

ii)

iii)

iv)

12) Space for other relevant informations.

ANNEXURE - II

D.C.H.M. COURSE EVALUATION

QUESTIONNAIRE FOR DIPLOMATES

1. Name:

2. Year of Admission to the course :

3. (a) Name and Address of Organisation from which sponsored:

(b) Present Address, if different from above:

4. Briefly describe your organisation's goals and aims:

5. Describe the administrative structure of your organisation and your role in it.

6. What is your educational/occupation background before you applied for DCHM course?

7. (a) Who took the initiative to apply for this course?

i) Yourself ii) Your Organisation

iii) Other, specify:

(b) Why?

9. Did this course help you to understand:

a) The dynamics of socio-political systems on the health of people in your community:

Yes No Not sure

Explain Briefly:

b) The dynamics of economic systems on the health of people in your community:

Yes No Not sure

10. Did the course create a desire to work collectively for a just and equitable society?

Yes No Not sure

Explain Briefly:

11. Have you been able to do anything to further your own learning?

Yes No

If yes - describe briefly:

If no, what were your difficulties?

12. Have you applied problem-solving methods in your day-to-day work?

Yes/No

If yes, give a brief account

13. After your return did you have an opportunity to plan/monitor/evaluate your own programme?

Yes/No

If yes, what did you do?

If not, if you are given an opportunity, are you confident of doing it?

14. How do you perceive your role as change agent in your work situation?

15. Describe the team you work with and your role in it:

16. Have you been able to initiate any training or research or discussion groups in your programme?

If yes, describe:

17. Have you any suggestions for improvements of the present course regarding the following:

a) University recognition:

i) Should be got ii) Does not matter

iii) Could try for it

b) Cost of the course:

i) Adequate ii) Too high iii) Too low

If too high/too low, suggested cost:

c) Duration of the course:

i) Adequate ii) Too long iii) Too short

If too long or too short, suggested duration:

d) Should the ratio of time given to the practicum be changed:

No. Yes Increase Yes Decrease

If yes, reason:

e) Was the course content adequate? Yes/No

f) Subjects should be Added:

Deleted:

g) What particulars skill should be developed during the training?

h) Would you recommend others from your organisation to come for the course?

i) Do you have any suggestions for improving hostel arrangements at RUHSA?

j) Others:

18. In what way could RUHSA maintain and improve the follow-up of alumni in order to help the organisation/programme activity?

a) Periodic correspondence

b) On site visits - If yes, how often?

c) Refresher/reunion course for all graduates at RUHSA

d) Any others

ANNEXURE III

D.C.H.M. COURSE EVALUATION

QUESTIONNAIRE FOR SPONSORING AGENCY/EMPLOYER

1. Name of the Institution :

2. Address :

3. Location : Urban/Rural

4. Describe briefly the aims and objectives of the department or project in which the candidate is working?

5. Briefly indicate the position of that department within the organisation

6. What is the staff strength of the department?

7. What are the major activities of the department?

10. What were your expectations of the candidate from the course?

11. What are the current responsibilities of the candidate in the organisation?

12. Have there been changes in the candidate's performance after the course in regard to the following: (Use a rating scale) from (Minus 10 to Plus 10) - If candidate did not have opportunity please indicate as N

	Deteriorated -10	Same 0	Improved +10
a) Interpersonal relationships			
b) Or anisation of routine work			
c) Initiative in planning			
d) Initiative in monitoring			
e) Initiative in evaluation			
f) Initiative in continuing education			
g) Leadership in decision making			
h) Any other			

Please elaborate areas where candidate has shown improvement.

13. What are your expectations for this candidate for the next 5 years?

14. Could you suggest modifications to improve this course in the following areas?

a) University recognition: Necessary/Not necessary

b) Cost of the course: Adequate/Too low/Too high

If inadequate, suggest cost:

c) Duration of the course: Adequate/Too short/Too long

d) Duration of practicum: Adequate/Too short/Too long

If adequate, suggest duration:

e) Content of course: Adequate/Inadequate

Reasons for inadequacy:

f) Should there be more emphasis on practical and field training?

Yes/No

g) Would you able to send more candidates to this course?

Yes/No

If no, why?

h) Any other comments

ANNEXURE IV

INTERMEDIATE OBJECTIVES

Upon completion of this course, the graduate will be able to:

1. Collect accurate and crucial data and information on systems, dynamics and factors influencing people's development.
2. Critically analyse the present health infrastructure and health related issues.
3. Critically analyse the structure, dynamics and decision making processes in communities.
4. Critically analyse the socio-economic and political system of the country and its effect on the local community.
5. Critically analyse the relevance of the present health system and distribution of the health services.
6. Stimulate the community to ask effective questions about their living situations, and to find solutions to those problems they identify.
7. Create a sense of interdependence among people leading to cooperative efforts to solve problems.
8. Ask effective questions about what is being learned.
9. Carry out a library search for information and answers to questions and problems.
10. Design ways to test new ideas, and implement these plans.
11. Set own objectives and plan how to accomplish these.
12. Plans for own study future work.

13. Evaluate results of own work.
14. Identify and state problems.
15. Learn principles of problem-solving methods, using them appropriately.
16. Secure cooperation between team members, using conflict resolution techniques when necessary.
17. Secure cooperation between team members and community to identify and attempt to solve community problems.
18. Set priorities for problem solving.
19. Demonstrate willingness to change one's self.
20. Understand and apply change theories appropriately.
21. Discuss one's own perceptions and how they differ from others' perceptions.
22. Understand the various roles a change agent can play, and choose the appropriate role in particular situations.
23. Relate effectively to the community.
24. Assist communities in identifying their needs and resources.
25. Organise people to become involved in their own health and development.
26. Provide for technical assistance needed to carry out health programmes in the community.
27. Provide for technical assistance needed to carry out development programmes in the community.

28. Coordinate with the government and other agencies.
29. Show sensitivity to community dynamics which should dictate programme changes.
30. Demonstrate knowledge and ability to use management skills and techniques in implementing health and development programmes.
31. Accept need for contexual leadership style and role.
32. Demonstrate knowledge of group dynamics and apply these in working with the team and community members.
33. Describe the concept of team work, listing essentials of good team work.
34. Apply the essentials of good team work in working with others.
35. Recognise behaviour which facilitates working as a team and behaviour which prevents good team work.
36. Understand and apply theories of teaching and learning appropriately.
37. Understand and apply appropriate communication theories and techniques.
38. Review, evaluate and assess one's own programme.
39. Identify special problems and make special studies of these.
40. Experiment with research tools and solutions.
41. Ask questions about the present practices and about alternatives for improvement of quality of performance.

42. Handle one's own project design, training, educational, legal, economic and managerial plans and implementation effectively.
43. Review, assess and revise one's own project design, proposal and reports efficiently.
44. Be an advisor to others in the skills above.

INSTRUCTIONAL OBJECTIVES

Studies In Society

1. Acquire further knowledge of the structure and functions of the family, community and society.
2. Compare cultural norms, rules, functions and social institutions in different institutions, in different states, regions and religious groups in India.
3. Similarly compare cultural norms, rules, sanctions, and social institutions in selected developing countries.
4. Appreciate various cultural norms, values and functions of families, communities and groups both in rural and urban areas.
5. Gain skills in observing the inter-relatedness of family life, customs, beliefs and practices regarding food, clothing, marriage, birth, death, sickness etc.
6. Acquire knowledge of various types of institutions, organization in rural and urban communities and their impact on health of the people.

7. Gain insight into the interaction between health and other factors (social, cultural, political and economic) at an individual level, country level or for a particular disease.
8. Appreciate the value of various organisations and institutions on the impact of health of the people.
9. Gain skill in identifying the role of health and non-health factors at an individual, community and country level.
10. Acquire knowledge of the composition of different religious group in the country, state and block level.
11. Gain insight into the contribution of various religious groups to the national development.
12. Appreciate the roles played by various religious groups to the national development.
13. Gain skill in finding out the useful contribution of various religious groups.
14. Recognise the major changes which have occured in Indian Society and hypothesis how these have been accomplished.
15. Gain knowledge of the origins of a social problem such as bonded labour, dowry system, land ownership, money lending etc. and describe its possible advantages and disadvantages and the extent of oppression as a result of the system.

16. Acquire further knowledge of the influence of social, political and economic forces on one of the social problems mentioned above and tell what efforts have been made to lessen the problem.
17. Analyse (critically) the social problems and suggest possible solutions to the same.
18. To gain skills in finding out certain social problems in a particular community.
19. Gain knowledge in determining the actual impact of a legislation act related to the development of people, at the national level and on the local situation in a selected community.
20. Acquire knowledge of the various occupation groups in a community as to the economic benefits they obtained, the relation of these to the minimum wages laws, their social status in the community and reasons and rate of migration.
21. To gain skill in finding out reasons for the migration of people to towns.
22. Acquire knowledge of various five year plans of the Indian Government in terms of health and development of people.
23. Gain insight into the policies and programmes of various states and blocks in health and development planning and implementation.
24. Gain knowledge of the implementation of social programmes of international agencies implemented through the Indian Government such as eradication

of smallpox prevention of malaria, control of leprosy, integrated rural development programmes.

25. Analyse critically the various five year plans and programmes of the government of the people.
26. Gain skill in analysing the impact of the government plans and programmes on the health and development of people.
27. Gain knowledge of budget allocation for health and to know how the money has been spent in various sectors.
28. Gain insight to compare objectives, impact and distribution of benefits of selected community health development.
29. Appreciate the various approaches of different sectors in health and development.
30. Gain skill in finding the advantage of various approaches adopted by various sectors.
31. Gain knowledge of different modes and approaches as to objectives of personnel required, implementation methods and impact expected and obtained infact, analysing the reasons for the differences found.
32. Appreciate the various approaches of different sectors in health and or development programmes.
33. Analyse critically the various approached to development of people.
34. Gain skills in observing the effect of various approaches on health and development of people.

Health and Development

1. Explain the multifactorial concept of illness.
2. Compare the concepts of health and illness of various societies eg. western, oriental, India etc.
3. Define the concept of "holistic health".
4. Interlink various components of health and development.
5. Define community in sociological terms.
6. Analyse these definitions in view of their own environment.
7. Describe the international movement in the "public health" concept, and its role in the health of nations.
8. Describe the genesis of the concepts of "primary health care" and the need for this approach, and its appropriateness to the environment.
9. Describe the scientific basis of control, eradication or prevention of highly prevalent health problems.
10. Describe the population problem in India and its effect on health.
11. Debate the population control programme Vs economic development as ways to control growth of population.
12. Describe the impact of modernization (Westernization, urbanization) of India after independence on the health care delivery system and medical education.
13. Describe the developments leading to the new thinking in health care delivery (the public health approach to the "community involvement" approach).

14. Study different models of health care existing in the community.
15. Analyse the limitations of existing healthcare delivery systems.
16. Review the proceedings of various planning committees in health and development since independence.
17. Debate and prepare action plans about certain relevant issues and problems in health and development (eg. MCH, Care Vs increasing large hospitals; cash crops Vs food crops, etc).
18. Describe the indigenous (Indian) concepts of health and illness related to the various health systems such as Ayurveda, Homaeopathy, Siddha, Unani, religious cures and self remedies.
19. Describe the impact of the above mentioned concepts of health on efforts to implement allopathic health care programmes.
20. Plan and or assess the various methods by which these various systems and personnel (local healers and TBAs) could be coordinated.
21. Compare the programmes and activities of non-government organisations working in health and development in India.
22. Debate the issues of coordination between governmental and other agencies at local and other levels in planning for health and development and in implementation of plans.

23. Debate the issue of an "integrated approach" to health and development.
24. Plan, select, train health and development personnel.
25. Help create awareness among people of their potential abilities in self care and control of their own life styles.
26. Determine who are the real beneficiaries of rural based extension programme in health and development.
27. Design innovative programmes in order to reach the most vulnerable groups.
28. Analyse the differences in various health care systems and determine what aspects are transferable to the Indian system.
29. Discuss the importance of health education to the various vulnerable groups in the society.
30. List the methods of health education in schools and community.
31. To prioritise topics for health education and frame objectives for the same.
32. To identify the problems of organising health education.
33. Organise health education programmes.
34. Define the concept of environmental health.
35. Describe the environmental health hazards and state the disease caused by them.
36. Review the government legislation that provide for an environment free of health hazards.

37. Define and describe the extent of malnutritious problems.
38. List the consequences of malnutrition with special reference to children.
39. Familiar with simple preventive and corrective measures.
40. To identify and describe the various methods of measuring malnutrition.
41. List the common human parasites and describe the diseases caused.
42. Discuss preventive and simple remedial measures.

Techniques of Studying Community Health

1. Define and review the definitions of community health.
2. Utilise various methods of data collection including surveys.
3. Use statistical description techniques to tabulate and present data.
4. Construct a demographic profile of a geographic area, make comparisons between different regions and study demographic trends overtime.
5. Quantify health problems in terms of various indicators
6. Use descriptive epidemiologic techniques to describe particular health problems.
7. Formulate hypothesis and design research studies to test them.
8. Understanding scientific problem solving methods.

9. Utilise specific problem solving methods in given situation.
10. Describe patterns of morbidity and mortality in India and how these have been determined.
11. Utilise methods of gathering information in relation to determining local resources of health care.
12. Identify and prioritise community health problems using cost benefit studies and examining feasability of various interventions.
13. Determine people's perceptions of priority needs.
14. Utilise techniques of evaluation in health services and development project.
15. Set up monitoring and surveillence systems.

Management and Administration Principles, Skills in Health and Development

1. Plan a programme determining needs and problems, prioritising those to be included in the programme, resources available, goals, objectives, strategies and activities with the budget required.
2. Determine and provide for the kinds of personnel required for the programme.
3. Provide for the team building and conduct training activities and continuing education needed to prepare personnel for their tasks.
4. Plan a budget, keep suitable, simple accounts on allocation of funds and expenditures.

5. Know how to use techniques of management which ensure efficient and effective use of resources.
6. Determine and provide for the kinds of material resources required for the programme.
7. Set up efficient and feasible procedures to manage expendable and non-expendable equipment required in a programme.
8. Involve community members in the planning and decision making in their own development.
9. Work with team members and community representatives in planning detailed activities required to accomplish health and development programme goals and objectives.
10. Use group processes and conflict management techniques to bring about concensus in staff and community discussions and decision making.
11. Make use of clear communication of decisions, plans and activities to all persons involved.
12. Involve the community members in the planning and decision making on their own development.
13. Work with team members and community representatives in planning detailed activities required to accomplish health and development programmes goals and objectives.
14. Plan with the team and community for continuous monitoring of progress and for final evaluation, making revisions in the plan and activities as indicated.

15. Coordinate the work of the multidisciplinary team members and community in carrying out activities of a programme.
16. Develop linkages with other organisations, institutions, agencies, working for rural health and development.
17. Write reports of the programme planned, implemented and evaluated.
18. Know how to establish and effectively manage small scale income yielding and related activities and the principles of marketing the products.
19. To effectively carry out work with banks and governments.

Effective Change Agent

1. Adopt oneself to the life styles and customs of the community where one is located
   (a) understanding self
   (b) Change of self
2. Recognise and describe the stage which is taking place in particular change situation.
3. Use interpersonal and personal communication techniques effectively.
4. Learn from community members accepting their perceptions and opinions as being of great importance in aspects (planning, prioritising of programme planning, implementation and evaluation).

5. Make use of effective mass communications and media for general awareness and education.
6. Plan effective ways of teaching using methods consistent with accepted learning theories.
7. Recognise the importance of motivations in securing attitudes and behavioural changes.
8. Describe, select and use a style of leadership which is appropriate for the maturity level of team and community members.
9. Differentiate between the various roles a change agent may play and describe the circumstances where each role would be appropriate.
10. Assist people to resolve conflict situations which arise in implementing a programme.
11. Recognise the group dynamics in a particular situation and decide the best actions to secure useful decisions.
12. Plan and effectively guide group discussions.
13. Organise and mobilise the community for a common goal.
14. Guide people in analysing their own problems and searching for solution.

ANNEXURE V

LIST OF FACULTY EVER BEEN ON THE DCHM COURSE TILL 1987-88 BATCH

A. COURSE DIRECTORS

1. Dr. Daleep S. Mukarji, MBBS, DTPH, M.Sc. (Soc.Plg.)
2. Dr. Rajaratnam Abel, MBBS, MPH

B. COURSE COORDINATORS

1. Dr. V.L. Srilatha, MBBS, MPH
2. Mr. M.R. Narayan, M.A.
3. Dr. Thomas P. Benjamin, M.VSc., FIMB

C. CORE FACULTY

1. Studies in Society
   a. Mr. P.R. Michael, MS
   b. Mr. M.R. Narayan, M.A.
   c. Mr. T. Thasian, M.A.
   d. Mr. A. Devaraj, M.A., B.Ed., DSD
   e. Mr. V. Sampathkumar, M.A., M.Phil
   f. Ms. Abhirama Sundari, M.A.
2. Health and Development
   a. Dr. V.L. Srilatha, MBBS, MPH
   b. Dr. Ethiraj, MD
   c. Dr. Rajaratnam Abel, MBBS, MPH
   d. Dr. Kuryan George, MD
3. Techniques of Studying Community
   a. Dr. P.S.S. Sundar Rao, M.A., MPH, FSS, DR.P.H.
   b. Mr. V.G. Krishnamurthy, M.Sc.(Stat.), M.A.(Soc.)

4. Management and Administrative Principles in Health and Development

   a. Dr. Daleep S. Mukarji, MBBS, DPTH, M.SC., (Soc.Plg)

   b. Dr. Thomas P. Benjamin, M.VSc., FIMB

5. Effective Change Agent

   a. Dr. Prasantham, M.A., Ph.D.*

   b. Mr. Lalit Ecka, M.A.

   c. Mr. S. Prabahara Doss, M.A.(Lit), M.A.(Pol.Sci.), PGDC, DLL

6. Electives

   a. Dr.M.J. Ravindranath, B.Sc., M.Ed., Ph.D.

   b. Mr. Saminathan, M.A., B.Ed., DCHM

D. RUHSA STAFF ASSISTED ON THE COURSE

(Names not mentioned above)

1. Mr. A. Asirvatham, B.PH, B.Th.
2. Mr. Jambulingam, M.A.(Eco)
3. Mr. Arumugam, M.A.(Soc.Work)
4. Ms. Indrani Sigamony, M.S.W.
5. Mrs. E. Vijayalakshmi, M.Sc.(Nursing)
6. Mr. Solomon G. Victor, B.Sc., B.Ed., R.N.
7. Dr. George Mathew, MS
8. Dr. Alice George, MD
9. Dr. T. Durairathinam, MS
10. Dr. Anna Durairathinam, MD
11. Dr. Reuben Jesudosan, MBBS, DD
12. Mr. Sampath, M.Sc.(Nutrition)
13. Mr. John Deena Dayalan, M.A., DCHM

15. Mr. Prithiviraj, M.Sc
16. Mr. Chakravarthy, M.A., B.Ed.
17. Mr. Anbazhagan, B.Sc., B.Ed.
18. Mrs. Jolly Rajaratnam, M.Sc.
19. Mr. Balasubramaniam, B.Pharm., MBA
20. Mr. Immanuel, B.Com., M.A.
21. Mr. John Edwin, B.Sc.
22. Ms. Basanthi S. Karl, M.A.
23. Mr. Martin Luther Steaphens, M.Com.
24. Mr. Devasahayam, M.A.
25. Mrs. Jessy Benjamin, M.S.W.
26. Mr. Gnanasekar, M.A.
27. Mr. Mathew Asirvatham, B.Com., DHA
28. Mr. Irudayaraj, M.A.
29. Mr.K.G. Selvaraj, M.Sc., (Stat)*
30. Dr.J. Richard, M.A., Ph.d.*
31. Dr. Jacob John *
32. Dr. Vinohar Balraj *
33. Dr. Balasubramanian, MBBS*
34. Ms. Sylpha, M.A.*
35. Mr.A. Vijayakumar, M.A., B.Ed., B.Lit.
36. Ms. R. Radha, M.A., M.Phil.
37. Mr. R. Ramakrishnan, B.Sc., DHS
38. Ms. Kettanne, M.A.*
39. Mr. Maduranayagam *
40. Mr. Rajamanickam *
41. Mr. Bennet Venkatesan *
42. Mr. Durairaj *

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* External Resource Persons other than RUHSA Department involved in training.

43. Mr. Stalin, M.A., DHE
44. Mr. Vijayakumar, M.A.
45. Dr. Suresh, MBBS
46. Dr. Balachandar, MBBS, DCH
47. Mr. Muniraj, M.A.
48. Mrs. Usha Kiran, M.A.

ANNEXURE VI

LIST OF SPONSORING AGENCIES AND STUDENTS

Sl. No. Agency	Name of Agency	Sl.No. Candidate	Name of Candidate	Year and Batch No.
1.	Nazereth Hospital Sisters of Charity of Nazereth Mohama P.O. Bihar 803 302.	○ 1.	Dr. Sr. Vinita	1983-84: I
		2.	Sr. Bridget Vadakeetam	1984-85: II
2.	Child In Need Institute Daulatpur P.O. Amgachi, Via Joka 24, Parganas West Bengal.	● 3.	Dr. Samresh Battacharjee	1983-84: I
3.	Hayden Hall Institute 42, Jadenla Road Darjeeling.	△ 4.	Mr. Tashi Toagawa	1983-84: I
4.	Bangalore Baptist Hospital Hebbal, Bangalore 24.	▲ 5.	Mr.C.M. John	1983-84: I
5.	Rural Unit for Health & Social Affairs RUHSA Campus P.O. 632 209 North Arcot District Tamil Nadu.	⌂ 6.	Mr. John Deena Dayalan	1983-84: I
		7.	Mr.P. Saminathan	1984-85: II
		8.	Mr.S.V.P. Gnanasekaran	1987-88: V
		9.	Mr. Mathew Asirvatham	1987-88: V
6.	St. Lukes Hospital Gohur Hill Side Sanatorium Vengurla, Maharashtra.	⛰ 10.	Mr. Seelam Vengurla	1983-84: I
7.	Holi Cross Institute Hazirbagh Bihar.	◎ 11.	Sr. Monica Manauel	1983-84: I

Sl.No. Agency	Name of Agency	Sl.No. Candidate	Name of Candidate	Year and Batch No.
8.	Department of Health Central Tibetan Secretariat Dharmasala.	12. 13. 14. 15. 16. 17.	Mr. Tshetan Mr. Phurbu Legden Mr. Dawa Ms. Dechen Tsomo Mr. Dawa Tsering Ms. Tsering Dolma	1984-85: II 1984-85: II 1985-86: III 1986-86: III 1986-87: IV 1987-88: V
9.	Good Shepherd Provincialate Bangalore.	18.	Sr. Celine D'Souza	1984-85: II
10.	Bengal Rural Welfare Service Calcutta.	19.	Mr. Netal Chandra Mandal	1984-85: II
11.	Church of North India Calcutta.	20.	Mr. Khagendranath Das	1984-85: II
12.	Taraknath Maternity Child Welfare Centre Tarakeshwar Hoogly, West Bengal.	21.	Ms. Sikha Guptha	1985-86: III
13.	Sihora Mission Marthoma Syrian Church Madhya Pradesh.	22.	John Varghese	1985-86: III
14.	Salvation Army South Western India Territory Kaudiar, Trivandrum 3.	23.	Mr.T.P. John	1985-86: III
15.	Save The Children Fund P.B.No. 992 Kathmandu, Nepal.	24.	Mr. Devendra Dawan	1985-86: III

Sl.No. Agency	Name of Agency		Sl.No. Candidate	Name of Candidate	Year and Batch No.
16.	Salvation Army Cathareen Booth Hospital Nagercoil P.O. 629 001 Kanyakumari District.		25.	Dr.P. Devavaram	1985-86: III
17.	West Bengal Rural and Urban Development Centre Aldrin Path Bidghan Nagar Durgapur.		26.	Mr. Manas Kumar Mukarji	1985-86: III
18.	SLRTC SLR Sanatorium P.O. Karigiri Via Katpadi, N.A.Dt.		27.	Mr.S. Sivasankaran	1985-86: III
19.	Godavari Alumni Association Kathmandu, Nepal.		28.	Mrs. Nirmala Sharma	1986-87: IV
20.	Community Health and Development Project Lalithpur, Kathmandu Nepal.		29.	Mr. Shyam Krishna Ranjit	1986-87: IV
21.	Bethel General Hospital Vayyuru, Krishna District Andhra Pradesh.		30. 31.	Mr.V.A. Simpson Mr.T.B. Vijayakumar	1986-87: IV 1986-87: IV
22.	Rural Development Trust Ananthapur Andhra Pradesh.		32.	Ms. Rebecca Deena Kumari	1986-87: IV

Sl.No. Agency	Name of Agency	Sl.No. Candidate	Name of Candidate	Year and Batch No.
23.	Memorial Hospital Barhapur, Fategarh Uttar Pradesh.	33.	Mr.R.K. George Massey	1986-87: IV
24.	Christian Hospital Diptipur, Orissa.	34.	Mr. Nilambar Barchore	1986-87: IV
25.	Indian Evangelical Lutheran Church Ambur, North Arcot Dt.	35.	Mr. Theodore Kamala Doss	1986-87: IV
26.	Nava Jeevan Seva Mandal Gujarat.	36.	Mr. Manavala Reuben	1986-87: IV
27.	Dharmapuri Clinical Diagnostic Centre 24, Syed Peer St., Palacode Dharmapuri Dt. 636 808.	37.	Mr.A. Ayub	1987-88: V
28.	CSI Rainy Hospital Madras.	38.	Ms. Florence Jebamani Selvakumari	1987-88: V
29.	SUCHI SUCHI P.O. 48, Chittoor Road Andhra Pradesh.	39.	Mr. Bhaskaran	1987-88: V
30.	Congregation of Carmelite Sisters of Charity Gujarat.	40.	Dr.Sr. Elizabeth Mani	1987-88: V
31.	Open Candidate	41.	Mr.S. Duraisamy	1987-88: V

FIG.I : Statewise Distribution of DCM Students

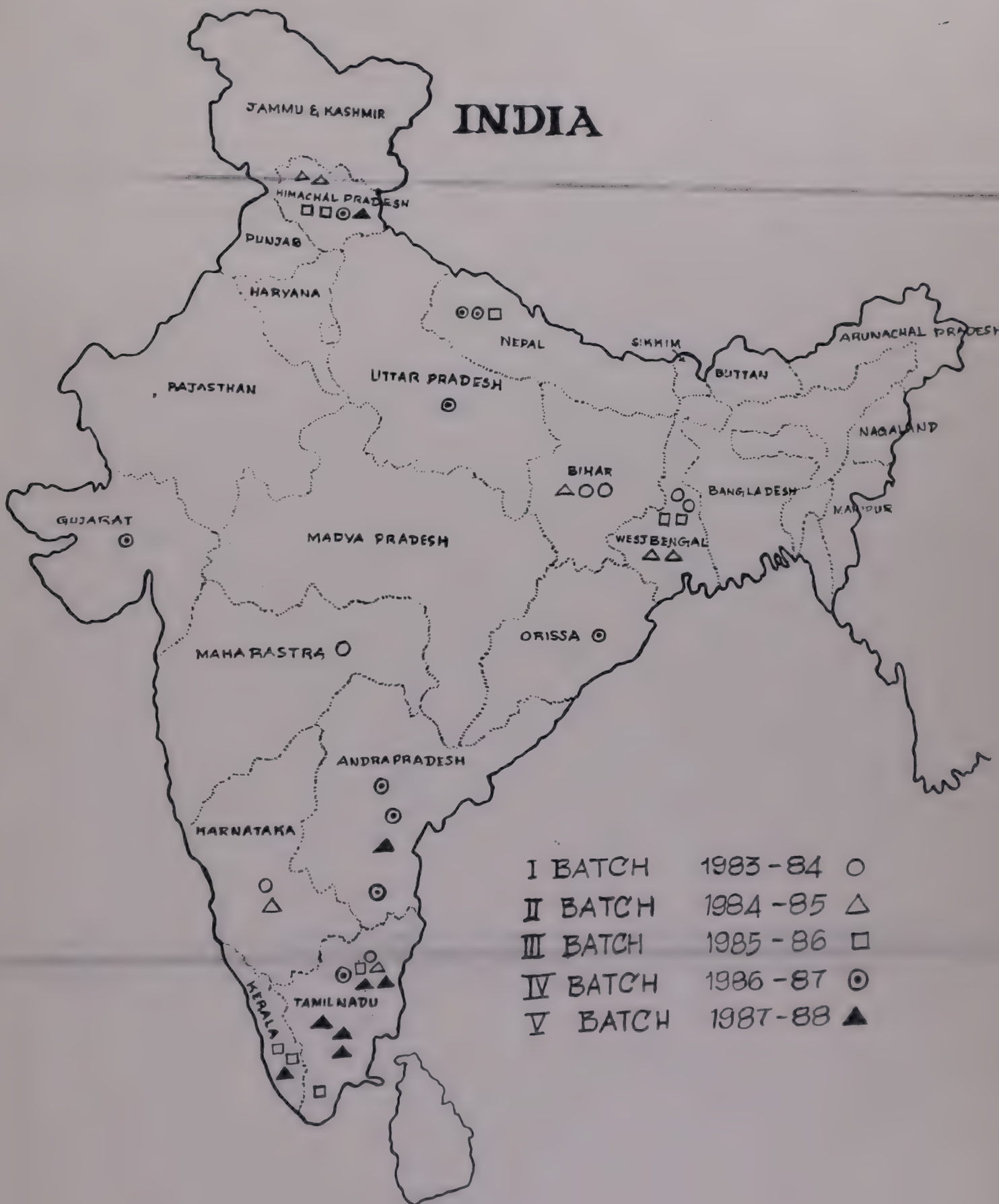
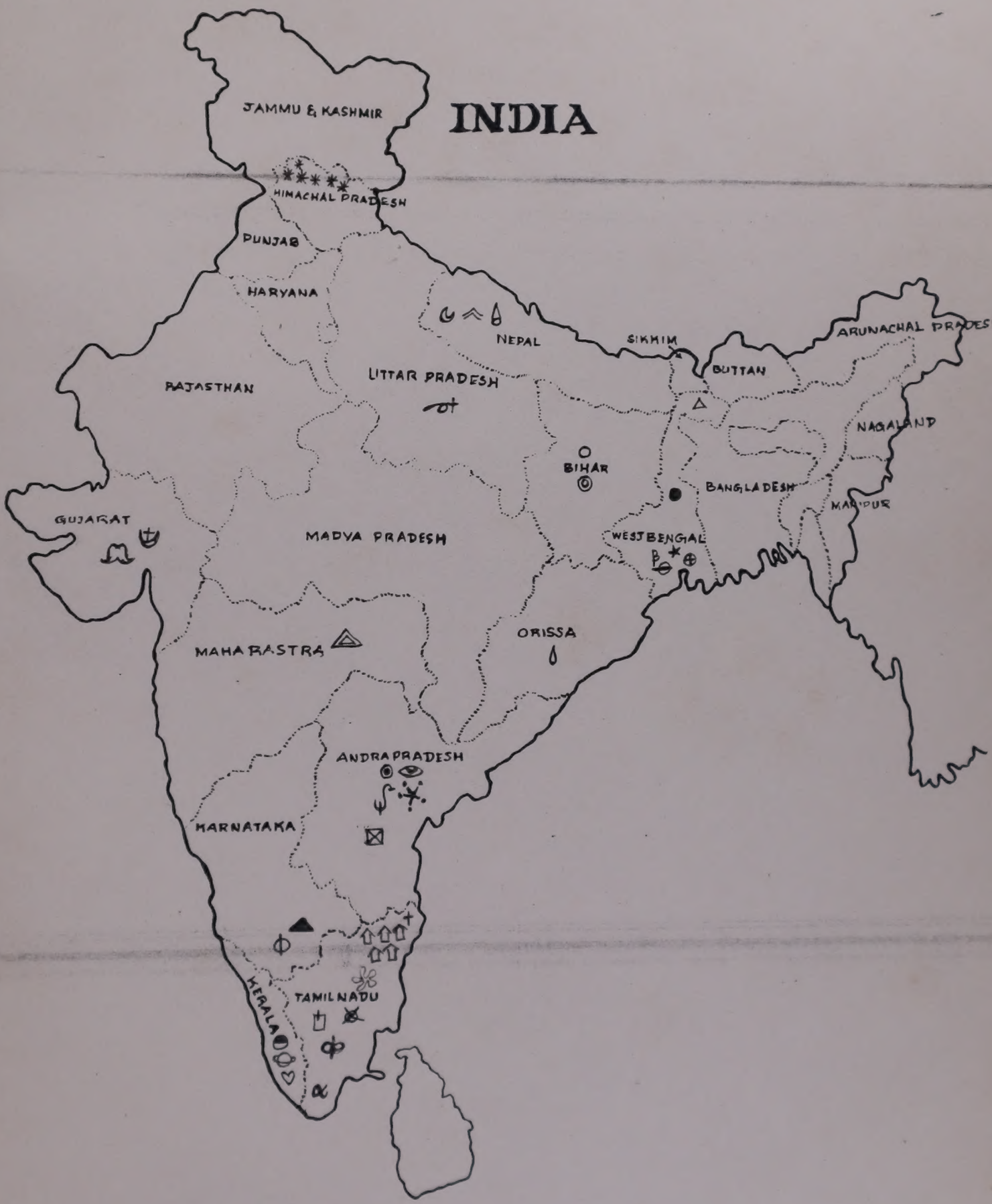


FIG.II: Distribution of Students Agencywise



Legend to the symbols are given in Appendix VI